


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 JAN 23 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006472		
1. Entity Name MORRIS-GRIFFIN CORPORATION		

Principal Place of Business 241 K STREET WASHINGTON, DC 20002	Mailing Address 241 K STREET WASHINGTON, DC 20002
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01/23/08 01002 002 \$750.



REINSTATEMENT 06-08

2. Principal Place of Business - No P.O. Box # 4221 Forbes Blvd. Suite, Apt. #, etc. Suite 240 City & State Lanham, MD Zip 20706 Country USA	3. Mailing Address 4221 Forbes Blvd. Suite, Apt. #, etc. Suite 240 City & State Lanham, MD Zip 20706 Country USA
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4. FEI Number 52-1493326	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301
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7. Name and Address of New Registered Agent Name Registered Agents Legal Services, LLC Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Drive Suite A Tallahassee FL 32301
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael W. Ashley MICHAEL W. ASHLEY 1/18/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, THEODORE M 241 K STREET WASHINGTON, DC 20002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Griffin, Theodore M. 4221 Forbes Blvd., Suite 240 Lanham, MD 20706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIN, DEBORAH A 241 K STREET WASHINGTON, DC 20002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Griffin, Deborah A. 4221 Forbes Blvd., Suite 240 Lanham, MD 20706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, PETER D 241 K STREET WASHINGTON, DC 20002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martin, Peter D 4221 Forbes Blvd, Suite 240 Lanham, MD 20706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thurston M. Dyer 12-07-2007 240-965-1750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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