


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J37422**

1. Corporation Name
Griffin Electrical Sales, INC

2. Principal Office Address 13926 LYNMAR BLVD		3. Mailing Office Address P.O. BOX 399	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State ODESSA FL	
Zip 33626	Country USA	Zip 33556	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **10/10/1986**

5. FEI Number **59-2727223**

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **PEACOCK, RAY**


Street Address (P.O. Box Number is Not Acceptable)
2348 SUNSET POINT RD

Suite, Apt. #, Etc.
Suite 301

City **Clearwater**

State **FL** Zip Code **34625**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

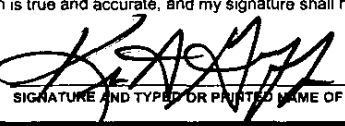
Signature of Registered Agent  Date **3.6.02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES B. GRIFFIN	18530 WAYNE RD	ODESSA FL 33556
VP	JAMES B. GRIFFIN	18530 WAYNE RD	ODESSA FL 33556
S	KIM A. GRIFFIN	18530 WAYNE RD	ODESSA FL 33556
T	KIM A. GRIFFIN	18530 WAYNE RD	ODESSA FL 33556
00-0248R PO			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **Kim A. Griffin** **3/6/02** **(813) 769-2224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E081 (9/01)

Griffin Electrical Sales, Inc.

Page 2 of 2
Kim A. Griffin
Griffin Electrical Sales
13926 Lynmar Blvd
Tampa, FL 33626
(813) 769-2224

March 7, 2002

To: Florida Department of State
Division of Reinstatement

Please accept this request for reinstatement.

I called the reinstatement office, and confirmed that the 2000, 2001 and 2002 forms were sent to my old address. I apologize, but I did not realize this was happening until now. I enclosed a corporation reinstatement application with a check for \$450.00 for all 3 years as per your instructions. Please call if you have any questions.

Thank you,



Kim A. Griffin
Griffin Electrical Sales, Inc.
(813) 769-2224