

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**FLORIDA DEPARTMENT OF STATE**  
**Kathleen Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT # K19741**

**1. Corporation Name**  
**G RIFFINVIEW CORPORATION**

**2. Principal Office Address**  
**38328 CROWN PL**

**3. Mailing Office Address**

**Suite, Apt. #, etc.**

**City & State**  
**LADY LAKE, FL**

**Zip**  
**32159**

**Country**  
**LAKE**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**4. Date Incorporated or Qualified To Do Business in Florida** **04/13/93**

**5. FEI Number** **59-2916283**

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$2.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**  
**EDWARD A SAWYER**

**Street Address (P.O. Box Number is Not Acceptable)**  
**38328 CROWN PL**

**Suite, Apt. #, Etc.**

**City**  
**LADY LAKE**

**State**  
**FL**

**Zip Code**  
**32159**

**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** \_\_\_\_\_

**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	EDWARD A SAWYER	38328 CROWN PL	LADY LAKE, FL 32159
S/T	ANNA L SAWYER	38328 CROWN PL	LADY LAKE, FL 32159
D	KURT E. SAWYER	1510 FRID LN	GARLAND, TX 75040
D	REED M. SAWYER	32328 CROWN PL	LADY LAKE, FL 32159

**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:** *Anna Sawyer*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5-1-00**

**Date**

**Daytime Phone #**

**KE**

CR2E081 (9/95)

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Griffinview Corporation  
38238 Crown Place  
Lady Lake, FL 32159

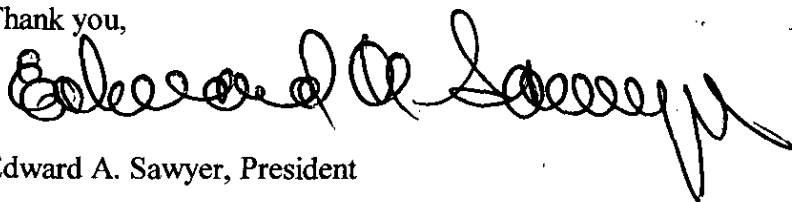
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

May 1, 2000

Dear Sirs/Madam,

This letter is in reference to the corporate filing fees. When I needed to get a Certificate of Status from the State, a couple of weeks ago, I discovered the Corporation had been dissolved. The Annual Renewal paperwork was never received. Without receiving the information it slipped my mind that I needed to do something. Griffinview appearantly was dissolved in 1998. I need to have the Corporation reinstated as soon as possible. After talking to two different people in your department, they informed my to send \$450.00 to have the corporation reinstated. I need a **Certificate of Status**, so I am adding an additional \$8.75. Please find enclosed the check for \$458.75. If you have any questions please feel free to contact me at (352) 753-2897 or (352)753-2554.

Thank you,

A handwritten signature in black ink, appearing to read "Edward A. Sawyer". The signature is fluid and cursive, with a long, sweeping tail on the last name.

Edward A. Sawyer, President

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