

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 6:46

DOCUMENT # P00000053352

1. Corporation Name

GRIFFITH REAL ESTATE APPRAISAL SERVICES, INC.

Principal Place of Business

1303 RUSTLEWOOD DRIVE  
BRANDON FL 33510

Mailing Address

1303 RUSTLEWOOD DRIVE  
BRANDON FL 33510



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

333 N. Falkenberg Rd

Suite, Apt. #, etc.

Suite A117

City & State

Tampa FL

Zip

33619

Country

Hillborough

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same

City & State

Tampa FL

Zip

33619

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/2000

5. FEI Number

59-3658576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

X

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GRIFFITH, SHARON D	1303 RUSTLEWOOD DRIVE	BRANDON FL 33510
STD	GRIFFITH, WILLIAM R	1303 RUSTLEWOOD DRIVE	BRANDON FL 33510

400004655434--7  
-10/26/01-01071-020  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Sharon Griffith

Street Address (P.O. box Number is Not Acceptable)

1303 Rustlewood Dr

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/12/01

AD

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

813-  
655-0509

CR2040 (8/01)