


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 23 PM 2:23

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

DOCUMENT # P00000100670					
1. Entity Name A C&C MCGRIF BUILDERS, INC.					
Principal Place of Business 353 E. FORSYTH ST. JACKSONVILLE, FL 32202			Mailing Address 1504 EAST 13TH STREET JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 11758 Rolling River Blvd. Suite, Apt. #, etc. Jacksonville, FL.		3. Mailing Address 11758 Rolling River Blvd. Suite, Apt. #, etc. Jacksonville, FL.		10132008 REIN-P CR2E098 (1/07)	
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3690007	
Country USA		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32219		Zip 32219		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, GLENN K 353 E. FORSYTH ST. JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Curtis L. Mc Griff Street Address (P.O. Box Number is Not Acceptable) 11758 Rolling River Blvd. Jacksonville City FL Zip Code 32219		
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 <u>Curtis L. Mc Griff</u> DATE <u>10/21/08</u> <small>Signature, typed or printed name of registered agent and fee, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	P MCGRIF, CURTIS 1504 E. 13TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Curtis L. Mc Griff 11758 Rolling River Blvd. Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGRIF, CARLTON 1504 E. 13TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carlton Mc Griff 11800 Raindrop Rd. Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGRIF, MELISSA 1504 E. 13TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melissa Mc Griff 11800 Raindrop Rd. Jacksonville, FL 32219	<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	200137209642 10/23/08--01024--005 **158.75	<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: <u>Curtis L. Mc Griff</u>			10/21/08 (944) 591-4982		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		