

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084896

1. Corporation Name

Griffin Siegel Enterprises, Inc.

2. Principal Office Address

1400 SW 82nd Terrace

Suite, Apt. #, etc.

#823

City & State

Plantation, Florida

Zip

33324

Country

USA

3. Mailing Office Address

1400 SW 82nd Terrace

Suite, Apt. #, etc.

#823

City & State

Plantation, Florida

Zip

33324

Country

USA

REINSTATEMENT 02-04

000028782620

02/16/04--01013--019 **1050.00

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

8/28/01

5. FEI Number

65-1132869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard S. Vermut

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

1301 Riverplace Blvd.

Suite, Apt. #, Etc.

Suite 1500

City

Jacksonville

State

FL

Zip Code

32207

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 2-10-04

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
DPST	Griffin Siegel	1400 SW 82nd Terrace #823	Plantation, Florida 33324

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:

Griffin Siegel, President

2/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)