

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800121257558
03/25/08--01055--026 **1200.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000084896

1. Corporation Name

Griffin Siegel Enterprises, Inc.

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

1301 SW 82nd Avenue

Suite, Apt. #, etc.

2011

City & State

Plantation, Florida

Zip

33324

Country

USA

3. Mailing Office Address

1301 SW 82nd Avenue

Suite, Apt. #, etc.

2011

City & State

Plantation, Florida

Zip

33324

Country

USA

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.

1500

City

Jacksonville

State

FL

Zip Code

32207

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/17/08

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 | 1301 SW 82nd Avenue | Plantation, Florida 33324 |
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REINSTATEMENT
05-08

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 contained in Chapter 119, 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

Griffin Siegel

Date

MARCH 12, 2008

(904) 295-2800

Daytime Phone #