## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000015915

Entity Name: GRIFFIN PARK, INC.

Address:

City-St-Zip:

1500 N. OREGON ST.

SANFORD, FL 32747

FILED Oct 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 35048 SHADY OAKS LN. FRUITLAND PARK, FL 34731 **Current Mailing Address: New Mailing Address:** 35048 SHADY OAKS LN. FRUITLAND PARK, FL 34731 FEI Number: 59-3582426 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLAYTON, NIKKI M 35048 SHADY OAKS LN. FRUITLAND PARK, FL 34731 US 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. SIGNATURE: NIKKI M. CLAYTON Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLAYTON, NIKKI M Name: Name: 35048 SHADY OAKS LN. Address: Address: City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RUSSELL, JAMELA K Name: 35048 SHADY OAKS LN. Address: Address: FRUITLAND PARK, FL 34731 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition FOSSITT, LORENE F Name: Name: 1500 N. OREGON ST. Address: Address: City-St-Zip: SANFORD, FL 32747 City-St-Zip: Title: (X) Delete Title: () Change () Addition FOSSITT, WILLIE L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMELA K. RUSSELL PRES 10/06/2006