

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000051849

1. Entity Name
DEITCH-GRIFFIN AND ASSOCIATES, INC.



FILED

04 OCT 28 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2232 PALMVIEW CIR W
AUBURDALE, FL 33823

Mailing Address
2232 PALMVIEW CIR W
AUBURDALE, FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232004 REIN-P CR2E098 (6/04)

4. FEI Number
75-3051479

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, BEVERLEE S
2232 PALMVIEW CIR W
AUBURDALE, FL 33823

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Beverlee S. Griffin

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, 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

TITLE D ☐ Delete
NAME GRIFFIN, BEVERLEE S
STREET ADDRESS 2232 PALMVIEW CIR W
CITY-ST-ZIP AUBURDALE, FL 33823

TITLE D ☐ Delete
NAME DEITCH, LYNN
STREET ADDRESS 7981 ROYAL BIRKDALE CIR
CITY-ST-ZIP LAKEWOOD RANCH, FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300042281413
STREET ADDRESS 10/28/04--01034--001 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverlee S. Griffin

Date

10/25/04

Daytime Phone #

863-5511061