

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL -2 PM 1:25

DOCUMENT # P02000116890

1. Corporation Name

GRIFFIN TECHNOLOGY DESIGN, INC.

Principal Place of Business

Mailing Address

7427 VICTORIA CIRCLE
ORLANDO FL 32835

7427 VICTORIA CIRCLE
ORLANDO FL 32835



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

57-1141624

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/C	GRIFFIN, DONNERSON C	7427 VICTORIA CIRCLE	ORLANDO FL 32835
D/T	PIPKORN, TIMOTHY G.	2863 WALES COURT	ORLANDO FL 32819
D/V	STARNES, MICHAEL L.	6313 CHERRY ST.	ORLANDO FL 32819
D/S	MAYOTT, FELICIA D.	7427 VICTORIA CIRCLE	ORLANDO FL 32835

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFIN, DONNERSON C
7427 VICTORIA CIRCLE
ORLANDO FL 32835

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

June 24 2004

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] DONNERSON GRIFFIN June 24 2004 407 832 8533

CR2E040 (7/03)