

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000028040

1. Entity Name
GRIFFIN & LUCAS PAINTING, INC.



FILED

06 DEC 29 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
537 POCAHONTAS DR.
FORT WALTON BEACH, FL 32547

Mailing Address
537 POCAHONTAS DR.
FORT WALTON BEACH, FL 32547

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12262006 REIN-P CR2E098 (11/05)

4. FEI Number
06-1682982

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, MICHAEL D
537 POCAHONTAS DR.
FORT WALTON BEACH, FL 32547

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 obligation of registered agent.

SIGNATURE

Michael D. Griffin
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

MICHAEL DENNIS GRIFFIN - PRESIDENT
12-26-06

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

REINSTATEMENT

06

10. OFFICERS AND DIRECTORS

TITLE P
NAME GRIFFIN, MICHAEL D ☐ Delete
STREET ADDRESS 537 POCAHONTAS DR.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ST
NAME LUCAS, ETHAN W ☐ Delete
STREET ADDRESS 537 POCAHONTAS DR.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

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
STREET ADDRESS 000082861710
CITY-ST-ZIP 12/29/06--01028--018 **758.75

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

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

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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 exemptions contained 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 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:

MICHAEL D. GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-06

850-621-6995

Date

Daytime Phone #

20 1/2