

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000040572

Entity Name: GIFF, INC.

FILED  
Dec 01, 2004  
Secretary of State

## Current Principal Place of Business:

1911 US HWY 301 N ST. 140  
TAMPA, FL 33619

## New Principal Place of Business:

PO BOX 172116  
TAMPA, FL 33672

## Current Mailing Address:

1911 US HWY 301 N ST. 140  
TAMPA, FL 33619

## New Mailing Address:

PO BOX 172116  
TAMPA, FL 33672

FEI Number: 42-1585591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIFFONE, FRANK S  
853 NORMANDY TRACE RD.  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

GIFFONE, FRANK S  
PO BOX 172116  
TAMPA, FL 33672 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: FRANK GIFFONE

12/01/2004

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:

Title: PVST ( ) Delete  
Name: GIFFONE, FRANK S  
Address: 853 NORMANDY TRACE RD.  
City-St-Zip: TAMPA, FL 33603

Title: D (X) Delete  
Name: GIFFONE, FRANK S  
Address: 853 NORMANDY TRACE RD.  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE (X) Change ( ) Addition  
Name: GIFFONE, FRANK S  
Address: PO BOX 172116  
City-St-Zip: TAMPA, FL 33672

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: FRANK GIFFONE

DIRE

12/01/2004

Electronic Signature of Signing Officer or Director

Date