

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 21 PM 1:31

DOCUMENT # P03000099636

1. Corporation Name

GRIFFITH RACING, INC.

2. Principal Office Address

6235 NW 62ND PL

Suite, Apt. #, etc.

3. Mailing Office Address

6235 NW 62ND PL

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34482

Country

MARION

Zip

34482

Country

MARION

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/2003

5. FEI Number

20-0224443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 SW 22 Avenue, 4th Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent BY:

SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

Date

9/20/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PHILIP GRIFFITH	6235 NW 62 ND PL	OCALA, FL. 34482
SEC.	DENNIS GRIFFITH	6235 NW 62 ND PL	OCALA, FL. 34482

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09/26/06--01063--007 **1050.00

10. 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 contained in Chapter 119, 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

PHILIP GRIFFITH

Date

9/19/06

Daytime Phone #

352 804 6631

B. Mitchell

SEP 21 2006