

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000105260

FILED
Sep 30, 2008
Secretary of State

Entity Name: WILL GRIFFIN, INC.

Current Principal Place of Business:

408 COLUMBIA DR
TAMPA, FL 33606

New Principal Place of Business:

945 CHOCTAWATCHEE DR
NICEVILLE, FL 32578

Current Mailing Address:

408 COLUMBIA DR
TAMPA, FL 33606

New Mailing Address:

945 CHOCTAWATCHEE DR
NICEVILLE, FL 32578

FEI Number: 59-8759792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, WILLIAM
408 COLUMBIA DR
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

GRIFFIN, WILL
945 CHOCTAWATCHEE DR
NICEVILLE, FL 32578 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: WILL GRIFFIN

09/30/2008

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: D () Delete
Name: GRIFFIN, WILL
Address: 408 COLUMBIA DR
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIFFIN, WILL
Address: 945 CHOCTAWATCHEE DR
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILL GRIFFIN

D

09/30/2008

Electronic Signature of Signing Officer or Director

Date