

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG 11 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000184258840  
08/11/10--01027--003 \*\*1050.00

DOCUMENT # P 03000 157898

1. Corporation Name

Griff's Concrete, INC.

2. Principal Office Address - No P.O. Box #

249 Littman Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, Fl.

City & State

[Signature]

Zip

Country

32352

USA

Zip

Country

08-10

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-30-2003

5. FEL Number

20-0545745

☐ 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

MARY Griffiths

Street Address (P.O. Box Numbers Not Acceptable)

249 Littman Rd.

Suite, Apt. #, Etc

City

Quincy

State

FL

Zip Code

32352

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

Mary K. Griffiths

REGISTERED AGENT MUST SIGN

Date 8-11-10

**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
<u>P</u>	<u>MARY Griffiths</u>	<u>249 Littman Rd</u>	<u>Quincy Fl. 32352</u>
<u>V</u>	<u>DON Griffiths</u>	<u>249 Littman Rd.</u>	<u>Quincy Fl. 32352</u>

[Signature]  
8/11

10. E-mail Address: Griff's Concrete @TDS.Net

(To be used for future annual report notification)

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. I further certify, 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:

Mary Griffiths

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-10

Date

Daytime Phone #