

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV 30 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000059309

1. Corporation Name

GRIFFIS HARDWOOD FLOORING, INC.

W06000050356

2. Principal Office Address

1021 WINDBROOK DR

3. Mailing Office Address

1021 WINDBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA, FL

City & State

DELTONA, FL

Zip  
32725

Country  
USA

Zip  
32725

Country  
USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/2004

5. FEI Number

20-1018232

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

ALL FLORIDA FIRM, INC.

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

465 S VOLUSIA AVE

Suite, Apt. #, Etc.

SUITE C

City

ORANGE CITY

800081773808  
11/14/06--01077--014 \*\*300.0

State  
FL

Zip Code  
32763

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

Devin Newman - Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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
P, D	JACK GRIFFIS	1021 WINDBROOK DR	DELTONA, FL 32725

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

Date

Daytime Phone #

11/27/06

Jack Griffis- P04000059309

**GRIFFIS HARDWOOD FLOORING, INC.**

11/07/2006

To whom it may concern,

I am enclosing my reinstatement form for my corporation. I never received the renewal notification for my corporation. The instructions for reinstatement indicate that if I did not receive notice, for the year 2005 and also 2006, to put this in writing and the reinstatement fee would be waived.

Thank you for your assistance in this matter.

Sincerely,  
Jack Griffis