

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO4000079227

1. Corporation Name

Griffin Plumbing, Inc.

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

7928 Pine Crossing Circle

Suite, Apt. #, etc.

Apt. 428

City & State

Orlando, FL

Zip

32807

Country

USA

3. Mailing Office Address

7928 Pine Crossing Circle

Suite, Apt. #, etc.

Apt. 428

City & State

Orlando, FL 32807

Zip

32807

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Hamza Mujaahedu

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

7928 Pine Crossing Circle

Suite, Apt. #, Etc.

428

City

Orlando, FL

State

FL

Zip Code

32807

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

REGISTERED AGENT MUST SIGN

Date 10/17/08

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Hamza Mujaahedu                      | 7928 Pine Crossing Circle #428                    | Orlando, FL 32807  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

PLEASE CALL ME HAMZA 407-936-5518 IF YOU  
HAVE ANY QUESTIONS

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

10/17/08

Date

407-936-5518

Daytime Phone #

FILED

08 OCT 29 PM 4:10

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 07-08

800137425668  
10/29/08 - 01/03/09 \*\*308.75

4. Date Incorporated or Qualified  
To Do Business in Florida 07-12-2006

5. FEI Number  
76-0759557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.