

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000128350

Entity Name: JOHN KEVIN GRIFFIN, P.A.

**FILED**  
**Mar 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

647 N 2ND STREET  
FT PIERCE, FL 34950

**New Principal Place of Business:**

1020 S15TH ST  
FT PIERCE, FL 34950

**Current Mailing Address:**

P.O. BOX 4450  
FT PIERCE, FL 34948

**New Mailing Address:**

P.O. BOX 12895  
FT PIERCE, FL 34979

FEI Number: 20-5130451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, JOHN K  
647 N 2ND STREET  
FT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

GRIFFIN, JOHN K  
1020 S 15TH ST  
FT PIERCE, FL 34950 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: JOHN KEVIN GRIFFIN

03/07/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRIFFIN, JOHN K  
Address: 1020 S 15TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: JOHN KEVIN GRIFFIN

D

03/07/2013

Electronic Signature of Signing Officer or Director

Date