

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000142734

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: A GRIFFIN INC.

**Current Principal Place of Business:**

2317 CR 453  
LAKE PANASOFFKEE, FL 33538 US

**New Principal Place of Business:**

**Current Mailing Address:**

2317 CR 453  
LAKE PANASOFFKEE, FL 33538 US

**New Mailing Address:**

FEI Number: 26-0515327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRIFFIN, ANTHONY  
2317 CR 453  
LAKE PANASOFFKEE, FL 33538 US

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

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: ANTHONY GRIFFIN

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: PRES ( ) Delete  
Name: GRIFFIN, ANTHONY  
Address: 2317 CR 453  
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: VP ( ) Delete  
Name: GRIFFIN, ANTHONY  
Address: 2317 LAKE PANASOFFKEE  
City-St-Zip: RIVERVIEW, FL 33538 US

Title: SEC ( ) Delete  
Name: GRIFFIN, ANTHONY  
Address: 2317 LAKE PANASOFFKEE  
City-St-Zip: RIVERVIEW, FL 33538 US

Title: TREA ( ) Delete  
Name: GRIFFIN, ANTHONY  
Address: 2317 LAKE PANASOFFKEE  
City-St-Zip: RIVERVIEW, FL 33538 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY GRIFFIN

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date