

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 23 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000056798

1. Corporation Name

GRIFFITH LEASING & EQUIPMENT SALES, INC.

2. Principal Office Address

10461 SOUTHLAND DRIVE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

3. Mailing Office Address

10461 SOUTHLAND DRIVE

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1993

5. FEI Number

65-0436793

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

JOHN P. GRIFFITH

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

10461 SOUTHLAND DRIVE

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

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

1-22-01

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
D, P	JOHN P. GRIFFITH	10461 SOUTHLAND DRIVE	BONITA SPGS, FL 34135

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 under section 119.07(3)(i), 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

01/19/01

Date

941-949-0400

Daytime Phone #