

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Patricia Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 10 AM 8:56

DOCUMENT # P95000034552

1. Corporation Name

J.T. MCGRIFF ASSOCIATES INC

2. Principal Office Address

2425 N.W. 35<sup>th</sup> TERL

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 357249

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32605

Country

ALACHUA

City & State

GAINESVILLE, FL

Zip

32635-7249

Country

ALACHUA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/28/1995

5. FEI Number

59-3316438

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 T. MCGRIFF

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

2425 N.W. 35<sup>th</sup> TERL

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32605

400004315754-0

-05/24/01 -01087-012

\*\*\*\*300.00 \*\*\*\*300.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4/19/01

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	MCGRIFF, JOHN T	2425 N.W. 35 <sup>th</sup> TERL	GAINESVILLE, FL 32605
D	MCGRIFF, ELIZABETH O.	2425 N.W. 35 <sup>th</sup> TERL	GAINESVILLE, FL 32605

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

4/19/01

Date

352 373-3329

Daytime Phone #

CR2E081 (9/00)

2052  
FROM THE DESK OF...

JOHN T. McGRUFF

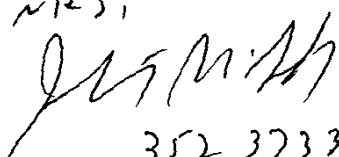
4/19/01

RE: 95000034592

WHEN I MOVED MY OFFICE  
IN 1999 I FORWARDED A CHANGED  
OF ADDRESS TO YOU AND DID  
NOT RECEIVE MY FILING  
NOTICE LAST YEAR. PLS ACCEPT  
THE ENCLOSED WHICH BRINGS ME  
UP TO DATE.

IF THERE IS ANY QUESTIONS  
PLS GIVE ME A CALL.

THANKS,



352 373 3321

AMERICAN DENTAL PLAN