

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099109

1. Corporation Name

GRIFF'S LOUNGE & PACKAGE, INC.

825 W. MAIN STREET

825 W. MAIN STREET

2. Principal Office Address

825 W. MAIN STREET

3. Mailing Office Address

825 W. MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

INVERNESS, FL

Zip

34450

Country

Zip

34450

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/06/1996

5. FEI Number

59-3427044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

WILMA A. MCCLAIN

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

825 W. MAIN STREET

Suite, Apt. #, Etc.

City

INVERNESS, FL

State
FL

Zip Code
34450

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

Date

REGISTERED AGENT MUST SIGN

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	WILMA A. MCCLAIN	825 W. MAIN STREET	INVERNESS, FL 34450

300041730813
10/08/04--01062--002 **450.00

10/11

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

Date

Daytime Phone #

10-15-04

CR2E081 (01/04)

October 5, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P96000099109
Griff's Lounge & Package, Inc.


To Whom It May Concern:

I am writing in regards to the reinstatement of Griff's Lounge & Package, Inc., Document #P96000099109. I have not received renewal notices since 2001 and depended on my accountant to handle this paperwork for me. He was very ill for a couple of years and died last year. His widow who managed the office also died recently.

There was no intent on my part to avoid the payment of these fees and I respectfully request a waiver of the reinstatement fee of \$600. I am enclosing a check for \$450 to pay for the past and current annual fees.

Any consideration you may give me in the matter would be greatly appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Wilma McClain".

Wilma McClain, President
Griff's Lounge & Package, Inc.