

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052296

1. Corporation Name

R.T. GRIFFIN INVESTMENTS, INC.

Principal Place of Business

1010 NORTH LAKESHORE  
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

1010 NORTH LAKESHORE  
HOWEY-IN-THE-HILLS FL 34737

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1998

5. FEI Number

59-3520878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SS 15. A corporation is required  
to file a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	GRIFFIN, R.T.	1010 NORTH LAKESHORE	HOWEY-IN-THE-HILLS FL 34737
S	HINDMAN, SHERRY	1010 NORTH LAKESHORE	HOWEY-IN-THE-HILLS FL 34737

900003035519--3  
-11/04/99--01082--018  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

GRIFFIN, R.T.  
1010 NORTH LAKESHORE  
HOWEY-IN-THE-HILLS FL 34737

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/99

11. 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

R.T. GRIFFIN PRES.

Date

10/20/99

Daytime Phone #

352-324-2819

KE