

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG -4 PM 2: 25

DOCUMENT #

1. Corporation Name

P98000069757
Awesome Services, Inc.

2. Principal Office Address

3. Mailing Office Address

80 Berton St.

P.O. Box 787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panacea, FL

Panacea, FL

Zip

Country

Zip

Country

32346

USA

32346

USA

900040223249
08/16/04--01076--006 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

59-3526500

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

Christopher W. Griffin

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

80 Berton St.

Suite, Apt. #, Etc.

City

Panacea

State

FL

Zip Code

32346

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

Christopher W. Griffin
REGISTERED AGENT MUST SIGN

Date

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
Pres.	Christopher W. Griffin	80 Berton St.	Panacea, FL 32346
V-P	Rhonda Griffin	80 Berton St.	Panacea, FL 32346

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:

Christopher W. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

I HAVE had a Change of Address in the past
year. (W) RECEIVING RENEWAL NOTICE
FOR CORPORATION REINSTATEMENT

Christopher W. Griffin

Before me personally appeared Christopher W.
Griffin. Dated August 4, 2004



Patricia Foe
MY COMMISSION # DD059444 EXPIRES
November 3, 2005
BONDED THRU TROY FAIN INSURANCE, INC.

Pat Foe
Notary Public