

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005943

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** GRIPPLE INCORPORATED

**Current Principal Place of Business:**

1611 EMILY LN  
AURORA, IL 60502

**New Principal Place of Business:**

**Current Mailing Address:**

1611 EMILY LN  
AURORA, IL 60502

**New Mailing Address:**

**FEI Number:** 36-3684806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEN HERRMANN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FACEY, HUGH D  
Address: CLIFFORD HOUSE, ECCLESALL RD SOUTH  
City-St-Zip: WHIRLOW, SHEFFIELD ENGLAND, S11 9PX

Title: S  
Name: SHAD, DAWN  
Address: 314 DEERFIELD WAY  
City-St-Zip: GENEVA, IL 60134

Title: T  
Name: HALL, ROGER  
Address: 408 DOURADES, APARTADO 3164  
City-St-Zip: ALGGARVE PORTUGAL,

Title: CEO  
Name: CATON, TIMOTHY  
Address: 39W302 WARNER LANE  
City-St-Zip: GENEVA, IL 60134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAWN SHAD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

S

10/01/2014

\_\_\_\_\_  
Date