

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 2011 SEP -2 AM 9:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L21361

1. Corporation Name

5,000 Griffin, Inc.

2. Principal Office Address - No P.O. Box #

9120 NW 38th Street

Suite, Apt. #, etc.

3. Mailing Office Address

9120 NW 38th Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

700211725597 09/02/11--01005--011 **3750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

10/05/1989

5. FEI Number 650152778

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Bruce A. Brunt, CPA

Street Address (P.O. Box Number is Not Acceptable) 7369 Sheridan Street

Suite, Apt. #, Etc. Suite 201

City Hollywood

State FL Zip Code 33024

REINSTATEMENT 07-11

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 Bruce A Brunt REGISTERED AGENT MUST SIGN

Date 8-23-11

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Ray H. Chong and Helen Fan Chong.

10. E-mail Address: cpas@bruntcpa.com wfs@portleysullivan.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-11 (904) 701-3889