PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

SPRINGS CORPORATION OF GAINESVILLE, INC.

Mailing Address Principal Place of Business

2424 NW 23rd Blvd. P. O. Box 90990

ROBERT E, FRANKS, JR. - PRESIDENT

97 MAY -9 PM 3:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Gai	nesville, FL 3260	5 Gain	esville,	FL 32	2607	,						
If above addresses are incorrect in any way, fine through incorrect info 2. New Principal Office Address, If Applicable 3. New Mailing			formation and enter correction below.			4. Date Incorp	orated or Qua	lified				
					To Do Business in Florida							
Suite, Apt. #, etc. Suite. Apt. #,		, etc.			4/1/66 5. FEI Number				Ar	oplied For		
City & State City & State					59-0521187					ot Applicable		
Zıp	Country	Zip	Coun	try		6. CERTIFICATI	E OF STATUS [DESIRED [l Fee required te of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	orida nonprofit corpo	rations must li	st at lea	st 3 directors)						
Trile(s)	Name of Officers and/or Directors 2		fficer and/or l	eet Address of Each ficer and/or Director se Post Office Box Numbers)			City / State /					
РD	Robert E. Franks,	Jr.	8825 NE	108th	ı Av	enue	Gain	esvil	le,	FL	32609	
V D	Stephen J. Linton		1322 SW	6lst	Ter	race	Gain	esvil	le,	FL	32607	
s D	Joseph E. Ponzio		3512 NW	13th	Ave	nue	Gain	esvil	le,	FL	32605	
					F	REINST	ATE	MEN	T _	94	97 Man 19/97	
8. Name and Address of Current Registered Agent			ent	9. Name and Address of New Registered Agent								
				Name		,						
Stephen J. Linton 1322 SW 61st Terrace				Street Address (P.O. Box Number 18 1 7 4 18 1 7 4 18 1 7 4 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Gainesville, FL 32607			Suite, Apt. #, Etc.			****424.00 ****424.00						
				City				F	tate Z	p Code		
Signature o Registered	hoon PACMAN 1/28	1	oration, am lamiliar v	vith and accep	of the ot	oligations of Secti	on 607.0505,	1	197	1		
11. Do De	pes this corporation pay a ept. of Revenue under S.	ny intang 199.032,	gible tax to the Florida Stat	he tutes.	Yes [☐ No [≥	3	(See other on li	side for ntangibk		tion	
this rein owed by	that I am an officer or director or the receistatement application, the reason for disso y the corporation have been paid and the rapplication is true and accurate, and my sign	ilution has been names of individ	eliminated, the corp luals listed on this fo	orate name s rm do not quá	atisfies alify for a	the requirements an exemption und	of section 60	7.0401 or 61	7.0401	FS tha	t all fees	