PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 2023 08:00 AM
Secretary of State

000415022200
09/01/23--01021--024 **1085.00

CR2E081 (11/10)

DOCUMENT # P04000056698

1. Corporation Name
S & P EMPIRE IRC INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1140 US 1	1140 US 1
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: SEBASTIAN, FL	City & State: SEBASTIAN, FL
Zip: 32958 Country: USA	Zip: 32958 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/2004

5. FEI Number: 20-0959548 ☐ Applied For ☐ 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: PATRICK OLIVERI

Street Address (P.O. Box Number is Not Acceptable): 1140 US 1

Suite, Apt. #, Etc.

City: SEBASTIAN State: FL Zip Code: 32958

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: [signature] Date: 8-28-2023
REGISTERED AGENT MUST SIGN

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
P	TONY OLIVERI	4245 12TH PLACE	VERO BEACH, FL 32960
VP	SUSANNA RUGGERI	2312 CORTEZ AVE	VERO BEACH, FL 32960
VP	PATRICK OLIVERI	2206 AVILLA AVE	VERO BEACH, FL 32960

OCT 03 2023

10. E-mail Address: patrick2206@gmail.com D CUSHING
(To be used for future annual report notification)

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., 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.817.155, F.S.

SIGNATURE: [signature] 8-28-2023 (772)321-1897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICK OLIVERI