PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR. REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # `P9900009710'

1. Corporation Name

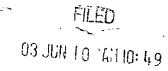
SPRINGSTED HOLDINGS, INC.

Principal Place of Business

Mailing Address

11810 WOODSHIRE CR. FT. MYERS FL 33913

11810 WOODSHIRE CR. FT. MYERS FL 33913



800020752198 06/10/03/000265-001FL@x1000.00



If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REINSTATEMENT 01-03		
				Office Address, If Applicable 4. Da		Date Incorporated or Qualified		
Suite, Apt; # etc			etc		To Do Busii	To Do Business in Florida 11/03/1999		
Suite, Apr. #, etc."			pi. #, 9ic/C		5. FEI Numbe	5. FEI Number Applied For		
City & State		City & State				65-0947609 Not Applicab		
Zip	Country	Zip		Country	6.	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD	SPRINGSTED, MARY LEE		11810 WOODSHIRE CR.		FT. MYERS FL' 33913			
D	HUFF, MICHAEL'S		11810 WOODSHIRE CR.		FT. MYERS FL 33913	3 ,		
		_	-			r		
	<u>.</u> :							
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
المتاهي المسيد لعبيا المحارج المتاكات المتاكات المتاكن المتاكنين المسيم الوسد المعتبر							many refer to the	
SPRINGSTED, MARY LEE 11810 WOODSHIRE CR.					Street Address (P.O. Box Number is Not Acceptable)			
FT. MYERS FL 33913					Étc.			
	·		City		St F	tate Zip Code		
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								

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 filling 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:

Signature of Registered Agen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

239-410-8017

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