

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2001 Uniform Business Report
FILED

01 MAY 11 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601407

1. Corporation Name

Spence Payne Masington Needle P.A.

2. Principal Office Address

2950 SW 27th Ave

3. Mailing Office Address

2950 Sw 27th Ave

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/1969

5. FEI Number

59-1271748

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

R.W. Payne, Jr

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

2645 S. Bayshore Drive,

Suite, Apt. #, Etc.

#1503

City

Miami,

State

FL

Zip Code

33133

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

R. W. Payne, Jr.
REGISTERED AGENT MUST SIGN

Date 4-30-01

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
PD	Spence, J.B.	2950 SW 27th Ave Suite 300	Miami, FL 33133
VDS	Payne, R.W., Jr	2950 SW 27th Ave, #300	Miami, FL 33133
STD	Needle, Andrew	2950 SW 27th Ave, #300	Miami, FL 33133

10. 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., 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:

R. W. Payne, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-858-5800

Date

Daytime Phone #