

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC -3 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 694657

1. Corporation Name

SPRINGBANK CORP.

100009308901
12/03/02--01013--022 **750.00

2. Principal Office Address

8585 Midnight Pass Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

8585 Midnight Pass Rd.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34232

Country

USA

Zip

34232

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1981

5. FEI Number

59-2102344

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

Laurie B. Sams, Esq.

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

Van Winkle & Sams, P.A. 2815 Proctor Road

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34231

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

REGISTERED AGENT MUST SIGN

Date 11/21/2002

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	E. Russell James	8585 Midnight Pass Road	Sarasota, FL 34242
STD	Christine R. James	8585 Midnight Pass Road	Sarasota, FL 34242

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2002 941-346-9332

Date

Daytime Phone #

CR2E081 (9/01)