

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 DEC -3 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 02

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 694657 1. Corporation Name SPRINGBANK CORP.			
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 <input type="checkbox"/> \$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: *Laurie B. Sams* 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)(f), 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: *E. Russell James* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/25/2002 Daytime Phone #: 941-346-9332

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