

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710643

1. Corporation Name

SPRINGS CORPORATION OF GAINESVILLE, INC

2. Principal Office Address

2424 NW 23<sup>RD</sup> BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 90159

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32605

Country

ALACHUA

City & State

GAINESVILLE

Zip

32607

Country

ALACHUA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/1966

5. FEI Number

59-0521187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98-04

**7. Name and Address of Current Registered Agent**

Name

STEPHEN J. LINTON

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

8620-204 NW 13<sup>TH</sup> ST

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

100039684001

07/29/04--01014--005 \*\*428.75

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

Stephen J. Linton

Date 7/27/04

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-D	ROBERT E. FRANKS, JR.	8825 NE 108 <sup>TH</sup> AVE	GAINESVILLE FL 32609
V-D	STEPHEN J. LINTON	8620-204 NW 13 <sup>TH</sup> ST	GAINESVILLE, FL 32653
S-D	JOSEPH E. PONZIO	3512 NW 13 <sup>TH</sup> AVE	GAINESVILLE, FL 32605

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:

Robert E. Franks, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04

Date

352-384-4814

Daytime Phone #

CR20081 (01/04)