

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 APR -2 PM 1:56

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000602.

1. Corporation Name

SPT, INC

2. Principal Office Address - No P.O. Box #

2295 Hannah way N.

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 04-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-31-02.

5. FEI Number

37-1454539.

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

Subhas Chandra.

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

2295 Hannah way N.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

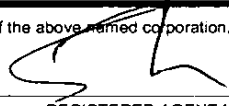
Zip Code

34698

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



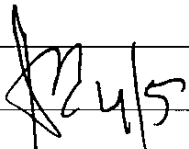
Date 3/30/07.

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
Direct	Subhas Chandra.	2295 Hannah way N.	Dunedin FL 34698
Direct	Paz M. Chandra.	2295 Hannah way N.	Dunedin FL 34698
Direct	Tristan Chandra.	2295 Hannah way N.	Dunedin FL 34698

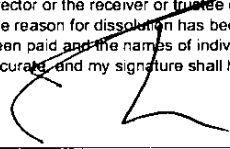
500096352895  
04/10/07--01039--021 \*\*\$600.00



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 contained in Chapter 119, 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.

727 230-9037.

SIGNATURE:



SUBHAS CHANDRA

3/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #