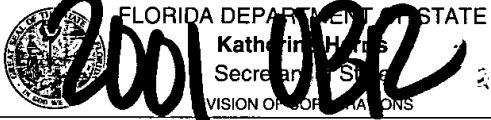


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



102

FILED

01 OCT 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT

DOCUMENT # **G50696**
1. Corporation Name
SPENC-AIR CORPORATION

Principal Place of Business 1979 10TH AVE N LAKE WORTH FL 33461 US	Mailing Address 1979 10TH AVE N LAKE WORTH FL 33461 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	07/20/1983
5. FEI Number	59-2324835
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SPENCER, ROBERT M	113 GRANADA COURT	PALM SPRINGS FL

200004691502--9
-11/21/01--01087--003
***150.00 ***150.00

LS

8. Name and Address of Current Registered Agent

SPENCER, ROBERT
113 GRANDA COURT
PALM SPRINGS FL 33461

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Robert M Spencer* REGISTERED AGENT MUST SIGN
Date: 10/29/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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.

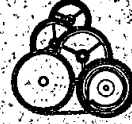
SIGNATURE: *Robert M Spencer* **ROBERT M. SPENCER** 10/29/01 (56) 586-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREBA0 (8/01)



SPENC-AIR CORPORATION

1979 10th Ave. North • Lake Worth, FL 33461 • TEL: (561) 586-9540 • FAX: (561) 586-8098



20/2

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

October 24, 2001

To Whom It May Concern:

My company received a Notice of Administrative Dissolution on Monday October 16, 2001. Upon receiving this notice I contacted the Florida Department of State and spoke with a gentleman Tyrone. I explained to him that my company had not received a notice prior to the dissolution notice. I was told to send a check for \$150.00 and a brief reason as to why it had not been sent in at an earlier date. If you have any questions or comments please feel free to contact myself at 561-586-9540.

Sincerely,

Stephanie Ashby

Stephanie Ashby
Office Manager