

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000 ubl

FILED

00 OCT 16 AM 9: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G56374**

1. Corporation Name

SPRING PLACE, INC.

Principal Place of Business

Mailing Address

18210 COLLINS AVENUE
MIAMI BEACH FL 33160

18210 COLLINS AVENUE
MIAMI BEACH FL 33160

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2383006

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HARRAR-SANDERS, RUTH	18210 COLINS AVE.	MIAMI BEACH FL

900003436729--3
-10/24/00-01054-002
****400.00 ****400.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRAR, DAVID
19000 N. BAY ROAD
NORTH MIAMI FL 33160

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/00

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00
Date

305-935-3124
Daytime Phone #

CR2E040 (8/00)

Spring PLACE INC. FIRM

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STARLITE STORE

18210 Collins Avenue
North Miami Beach, FL 33160
(305) 935-3724 • (305) 933-3640 (Fax)

10/12/00

Dear Sir or madam,

I previously Submitted a letter asking
For my late fee to be waived along with a
check For \$150⁰⁰. When I Saw that the check
was cashed I assumed the application had been
Accepted. I have not recieved any other correspondence
other than this revocation notice.

AS per my conversation with Kathy, I am
enclosing an additional check For \$400⁰⁰, (the
regular late fee). She said she would authorize this
as sufficient since I didn't recieve any notice.

Thank you very much,

Rett Sear