

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19573

1. Corporation Name

SPH CONSTRUCTORS, INC.

2. Principal Office Address

90 STANLEY PAUL HOELLE

Suite, Apt. #, etc.

3550 RODEO ACRES DRIVE

City & State

ORMOND BEACH, FL.

Zip

32174

Country

3. Mailing Office Address

90 STANLEY PAUL HOELLE

Suite, Apt. #, etc.

3550 RODEO ACRES DRIVE

City & State

ORMOND BEACH, FL.

Zip

32174

Country

REINSTATEMENT 99-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1989

5. FEI Number

592974533

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

STANLEY PAUL HOELLE

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

3550 RODEO ACRES DRIVE

Suite, Apt. #, Etc.

City

ORMOND BEACH

State
FL

Zip Code

32174

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

Stanley Paul Hoelle
REGISTERED AGENT MUST SIGN

Date DEC. 9, 2006

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
PTSD	HOELLE, STANLEY PAUL	3550 RODEO ACRES DRIVE	ORMOND BEACH, FL. 32174

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12/11/06--01056--002 **1800.00

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.

SIGNATURE:

Stanley Paul Hoelle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-677-6555

Daytime Phone #

12/12