

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25294

1. Corporation Name

SPRINGER BUILT HOMES, inc.

2. Principal Office Address

2470 NW 25 st.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Fl.

City & State

Zip

33431

Country

US

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/89

5. FEI Number

59-2982527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

96-03

7. Name and Address of Current Registered Agent

Name

James Springer

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

2470 NW 25 street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

000015026810

04701703--01044--023 **1808.15

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

James Springer

REGISTERED AGENT MUST SIGN

Date 3/26/03

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
pres	James Springer	2470 NW 25 st	Boca Raton Fl. 33431
sec	Candace Springer	2470 NW 25 st.	Boca Raton Fl. 33431

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:

James Springer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03

Date

(561) 482-1277

(561) 289-1996

Daytime Phone #

CRZE081 (10/02)