

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 29989

1. Corporation Name

SPRINGER MANAGEMENT, INC.

2. Principal Office Address

6101 34TH ST. WEST

Suite, Apt. #, etc.

UNIT 16-C

City & State

BRADENTON, FL.

Zip

34210

Country

MANATEE

3. Mailing Office Address

6101 34TH ST. WEST

Suite, Apt. #, etc.

UNIT 16-C

City & State

BRADENTON, FL.

Zip

34210

Country

MANATEE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 16, 1989

5. FEI Number 65-0157834

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

RONALD L. SPRINGER

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

6101 34TH ST. WEST

Suite, Apt. #, Etc.

UNIT 16-C

City

BRADENTON

State

FL

Zip Code

34210

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

Ronald L. Springer

Date 3/8/01

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
PRESIDENT	RONALD L. SPRINGER	6101 34TH ST. WEST (UNIT 16-C)	BRADENTON, FL. 34210

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:

Ronald L. Springer

RONALD L. SPRINGER

3/8/01 (941)7556275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)