

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M88771

1. Corporation Name

S. P. & S. OF VERO, INC.

FILED
96 NOV -7 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16234 72ND RD. NORTH
LOXAHATCHEE FL 33470

Mailing Address

16234 72ND RD. NORTH
LOXAHATCHEE FL 33470



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

REINSTATEMENT *96*

To Do Business In Florida

07/07/1996

5. FEI Number

65-0061617

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	SCANLON, MICHAEL S.	16234 72ND RD. NORTH	LOXAHATCHEE FL 33470
VS	SCANLON, SANDRA M.	16234 72ND RD. NORTH	LOXAHATCHEE FL 33470
	<i>Deleted</i>		
			600002003056-9 -11/13/96-01115-026 ****138.75 ****138.75
			600002003056-9 -11/13/96-01115-026 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

SCANLON, MICHAEL S.
16234 72ND RD., NORTH
LOXAHATCHEE FL 33470

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

Michael S. Scanlon
REGISTERED AGENT MUST SIGN

Date

9/27/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199,032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Michael S. Scanlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/96

Daytime Phone #

CR2000 (7/96)