

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001655

1. Corporation Name **ZEPHYRHILLS-DADE CITY CHAPTER OF THE SOCIETY
FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBER
SHOP QUARTET SINGING IN AMERICA, Inc.
(S.P.E.B.S.Q.S.A., Inc.)**

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address
6005 10TH STREET

3. Mailing Office Address
6005 10TH STREET

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
ZEPHYRHILLS, FL

City & State
ZEPHYRHILLS

Zip Country
33542-3521 PASCO

Zip Country
33542-3521 PASCO

4. Date Incorporated or Qualified
To Do Business in Florida **MARCH 20, 1984**

5. FEI Number
36-3399678

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$875 Additional Fee required
(for Certificate of Status)**

7. Name and Address of Current Registered Agent

Name
RODNEY BLAINE REHRIG, SR.

Street Address (P.O. Box Number is Not Acceptable)
6005 10TH STREET

Suite, Apt. #, Etc.
N/A

City
ZEPHYRHILLS

State Zip Code
FL 33542-3521

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 **Rodney Blaine Rehrig, Sr.**
REGISTERED AGENT MUST SIGN

Date **October 23, 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
PRES.	JOHN E. M. SAMMONS	38831 SPARKMAN ROAD	DADE CITY, FL 33525
SEC. - TREAS	RODNEY BLAINE REHRIG, SR.	6005 10TH STREET	ZEPHYRHILLS, FL 33542-3521
VP	CHARLES L. GIBSON	34041 TREE LAKE DRIVE	ZEPHYRHILLS, FL 33543-6358
VP	COLIN J. HOMER	39533 DUNDEE ROAD	ZEPHYRHILLS, FL 33542

100091177971
10/25/06--01009--011 **306.25

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: **Rodney Blaine Rehrig, Sr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1(813) 788-5676**
Daytime Phone #