

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 NOV -3 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10242005 REIN-NP CR2E099 (6/04)

<b>DOCUMENT # N04000010169</b> 1. Entity Name THE SPRINGS OF LIFE SPRING HILL, INC.					
Principal Place of Business 3039 AINSWORTH AVE SPRING HILL, FL 34609 US				Mailing Address 3039 AINSWORTH AVE SPRING HILL, FL 34609 US	
2. Principal Place of Business <i>5179 Mariner Blvd.</i>		3. Mailing Address <i>5179 Mariner Blvd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Spring Hill, FL</i>		City & State <i>Spring Hill, FL</i>		4. FEI Number <i>20-180 7068</i>	
Zip <i>34609</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  GROSSI, JOHN M 3039 AINSWORTH AVE SPRING HILL, FL 34609				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSI, JOHN M 3039 AINSWORTH AVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSSI, SHERRAL A 3039 AINSWORTH AVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STIBBINS, EVERETT 9067 SWISS ROAD SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>			OCT 31, 2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

11/2/05