

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006279

FILED  
Aug 23, 2007  
Secretary of State

Entity Name: SPRIESTM, INC.

## Current Principal Place of Business:

512 WILLIAM STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

Current Mailing Address:  
512 WILLIAM STREET  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number:  FEI Number Applied For (X)  FEI Number Not Applicable ( )  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MESKER, SUSAN P  
512 WILLIAM STREET  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

HORAN, DAVID P  
608 WHITEHEAD STREET  
KEY WEST, FL 33040 US

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.

SIGNATURE: DAVID PAUL HORAN

08/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  Delete  
Name: MESKER, SUSAN P  
Address: 512 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D  Delete  
Name: CLIFFORD, JUDY  
Address: 512 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D  Delete  
Name: HIGGINS, TOM  
Address: 512 WILLIAM STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN P MESKER

D

08/23/2007

Electronic Signature of Signing Officer or Director

Date