

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 17 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *No 7000006070*

1. Corporation Name

SPAY PASCO, INC.

W1-5068

2. Principal Office Address - No P.O. Box #

32347 STATE RD 52

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL

Zip

33576

Country

USA

3. Mailing Office Address

PO BOX 506

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL

Zip

33576

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 18, 2007

5. FEI Number

26-0354571

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

MATTOX, DIANA

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

32347 STATE RD 52

Suite, Apt. #, Etc.

City

SAN ANTONIO

State

FL

Zip Code

33576

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1-25-10

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
P/D	MATTOX, DIANA	32347 STATE RD 52	SAN ANTONIO, FL 33573
V/D	COMER, CAROL	4473 TRISTAN DR.	BROOKSVILLE, FL 34602
S/D	DANIELS, BRENDA	3474 EAST LAKE DR.	LAND O' LAKES, FL 34639
T/D	ANDREWS, MARY L.	35045 CLINTON AVE.	DADE CITY, FL 33525
		RH	
REINSTATEMENT			

10. E-mail Address: SPAYPASCO@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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: *Mary L. Andrews* MARY L. ANDREWS

1/23/10

927-934-3268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #