

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED

99 DEC 22 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000003777

1. Corporation Name

THE SPENCER PHILANTHROPIC FOUNDATION, INC.

Principal Place of Business

Mailing Address

22604 ESPLANADA CIR WEST  
BOCA RATON FL 33433

22604 ESPLANADA CIR WEST  
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 1999**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/24/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0853571	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTD	GEORGE E. SPENCER	22604 ESPLANADA CIR WEST	BOCA RATON FL 33433
VPD	RHODA F. SPENCER	22604 ESPLANADA CIR WEST	BOCA RATON FL 33433
SD	SCOTT SPENCER	22604 ESPLANADA CIR WEST	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HCRM CORP 2200 CORPORATE BLVD, N.W., SUITE 401 BOCA RATON FL 33431	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 Robert J. Hunt VP Date 12/21/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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:** George E. Spencer GEORGE E. SPENCER,  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

Date 12-21-99 Daytime Phone # 561-395-0462

CR2E081 (12/98)



ACCOUNT NO. : 072100000032

REFERENCE : 526362 11051A

AUTHORIZATION :

COST LIMIT : \$ 245.00

*Patricia Pizito*

ORDER DATE : December 22, 1999

ORDER TIME : 1:39 PM

ORDER NO. : 526362-005

800003078488--0

CUSTOMER NO: 11051A

CUSTOMER: Benjamin Jablow, Esq  
Hunt Cook Riggs Mehr & Miller,  
Suite 401  
2200 Corporate Boulevard N.w.  
Boca Raton, FL 33431

DOMESTIC FILINGS

NAME: THE SPENCER PHILANTHROPIC  
FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
99 DEC 22 PM 2:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA