

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003777**

1. Corporation Name

THE SPENCER PHILANTHROPIC FOUNDATION, INC.

Principal Place of Business

Mailing Address

22604 ESPLANADA CIRCLE WEST
BOCA RATON, FL 33433

22604 ESPLANADA CIRCLE WEST
BOCA RATON, FL 33433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1998

5. FEI Number

65-0853571

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
PTD	SPENCER, GEORGE E	22604 ESPLANADA CIRCLE WEST	BOCA RATON FL 33433
VD	SPENCER, RHODA F	22604 ESPLANADA CIRCLE WEST	BOCA RATON FL 33433
SD	SPENCER, SCOTT	22604 ESPLANADA CIRCLE 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

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

George E. Spencer

REGISTERED AGENT MUST SIGN

Date

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 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

Date

Daytime Phone #

CR2E040 (7/03)

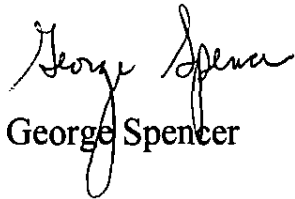
Spencer Philanthropic Foundation

22604 Esplanada Circle West, Boca Raton, Florida 33433

October 24, 2003

Since we have not receive any prior notices from you, enclosed is a check for reinstatement of Spencer Philanthropic Foundation.

Sincerely,


George Spencer