

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

43 1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023559

1. Corporation Name

Springer Abstracts, Inc.
P O Box 2220
Bellevue, Florida 34421-2220

REINSTATEMENT 01-04

2. Principal Office Address

3401 S.E. 134th Street

Suite, Apt. #, etc.

City & State

Bellevue, Florida

Zip

34420

Country

US

3. Mailing Office Address

P O Box 2220

Suite, Apt. #, etc.

City & State

Bellevue, Florida

Zip

34421-2220

Country

US

000030579320

03/15/04 01071 007 **000.00

**4. Date Incorporated or Qualified
To Do Business in Florida 03/07/2000**

**5. FEI Number
65-0987347**

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

Audrey L Springer

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

3401 S.E. 134th Street

Suite, Apt. #, Etc.

P O Box 2220

City

Bellevue

State

FL

Zip Code

34421-2220

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

See below

Date 02/25/2004

REGISTERED AGENT MUST SIGN

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
D	Audrey L Springer	P O Box 2220	Bellevue, Florida 34421-2220

10. 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:

Audrey L Springer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2001

Date

352-347-7684

Daytime Phone #

CP2ED01 (07/04)

tr

pg 2582

February 25, 2004

Annual Business Report

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314-6327

Dear Florida Department of State,

My accountant called me today to inform me that my corporation had been dissolved since September 21, 2001. He told me the reason was because I did not pay the annual filing fee or submit a Uniform Business Report.

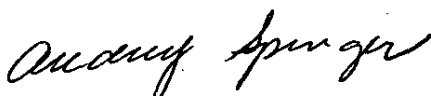
I looked at the paperwork and noticed that on the Uniform Business Report, the address for the Registered Agent is my street address. The accountant said that this is where the State of Florida would have mailed the Uniform Business Report. I called the Post Office in Belleview and they informed me that they do not forward the Uniform Business Report nor do they deliver to my street address.

Since I never received the Uniform Business Report, I request that you waive the Penalties associated with late filing and accept the enclosed check in the amount of \$600.00 for the annual fees for the years 2001, 2002, 2003, & 2004 and reinstate my corporation.

Also, since your Uniform Business Report states that a Post Office Box is not acceptable for the address of the Registered Agent and the post office will not deliver to my physical address, please use my post office box number for further correspondence.

Thank you for your time and consideration.

Sincerely,



Springer Abstracts, Inc.
President

Enclosure (1)