

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000070223**

1. Corporation Name

**Spence Properties, Inc.**

2. Principal Office Address

**7444 Burnway Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

**7444 Burnway Dr**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32819**

Country

**U.S.A**

Zip

**32819**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/20/2000**

5. FEI Number

**59-365-8384**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

**2001-2002 UBR**

**7. Name and Address of Current Registered Agent**

Name

**Gharland A Spence**

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

**7444 Burnway Dr.**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32819**

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

**Gharland A Spence**

REGISTERED AGENT MUST SIGN

Date

**3-21-02**

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

<b>Pres.</b>	<b>Gharland A Spence</b>	<b>7444 Burnway Dr</b>	<b>Orlando, FL 32819</b>

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:

**Gharland A Spence**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-02**

Date

**(407)383-3248**

Daytime Phone #

CR2081 (9/01)

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To whom it may concern,

I, Garland A. Spence, did not receive my letter to renew  
the corporation Spence Properties, Inc.

Thank You

Garland A. Spence