2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000070223							
1. Entity Name SPENCE PROPERTIES INC.				FILE)		
			0/	04 OCT -6 AM 9:20			
Principal Place of Business	Mailing Address			CODETADY OF	CTATE		
144 BURNWAY DR. 7444 BURNWAY DR. Rlando, Fl. 32819 Orlando, Fl. 32819			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
			1 (8 1 11 1 11 1 11 1 1 1 1 1 1 1 1 1 1	IIII eb iii ba iii ba iki ba iii 1 16 14	46119 11319 1133 111	A ST I (1 188)	
2. Principal Place of Business 6239 Edge water Dr 6239 Edge water Dr							
Suite, Apt. #, etc.			10062004 RI	EIN-P CR2	2E098 (6/04)		
Ste E-2 Ste E-2 City & State City & State City & State			4. FEI Number			plied For	
Orlando, FLarida	a Orlando Florida		59-3658384	1	No	t Applicable	
72810 Country U.S. 1	37810	Country U.S., iA	5. Certificate of Sta	tus Desired 🕡	\$8.75 Add Fee Required		
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Addr	ess of New Registere	d Agent		
SPENCE, GHARLAND A			e (P.O. Boy Number is N	(P.O. Box Number is Not Acceptable)			
7444 BURNWAY DR. ORLANDO, FL 32819 Street Address			Mazen Pr	ot Acceptable)			
		City 5		<u>-</u>	- T a lana		
A The state of the			indo	F		808	
8. The above named entity submits this statement the obligations of registered agent.		registered office or regis		he State of Florida. Lar	n tamiliar with,	and accept	
SIGNATURE	. (, .				
Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	: Registered Agent signature re	quired when reinstiting)	DATE	<u> </u>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$30			In a	occordance with s. 60 poration did not rece)7.193(2)(b), l ive the prior r	F.S., the notice.	
<u> </u>	ND DIRECTORS	11.	ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTORS		
NAME SPENCE, GHARLAND	Delete	TITLE P NAME S.	gence, Ghar	land	⊡ r criange	Addition	
STREET ADDRESS 7444 BURNWAY DR. CITY-ST-ZIP ORLANDO, FL 32819		STREET ADDRESS	11 Sarazen (lando, FL 3	2805	•	İ	
TITLE	☐ Delete	TITLE		041817	- Chapge	Addition	
NAME STREET ADDRESS	,	NAME STREET ADDRESS	10/12/04	01042008	**158	75	
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME	Distolo	NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
	with this filing does not qualify for	<u>. </u>	Section 119.07(3)(i), Flo	rida Statutes, I further o	certify that the in	nformation	
 I hereby certify that the information supplied a indicated on this report or supplemental repo of the corporation or the receiver or trustee er changed, or on an attachment with an addres 	rt is true and accurate and that m impowered to execute this report a se with all other like empowered	ny signature shall have t as required by Chapter	ne same legal effect as if 607, Florida Statutes; and	made under oath; that that my name appear	1 am an officer s in Block 10 or	or director Block 11 if	
$\alpha \prime \prime$	/// 0_						
SIGNATURE: SIGNATURE AND TYPES	OR PRINTED NAME OF SIGNING OFFICER OF	DR DIRECTOR		Date	Daytime Phone #		
<u> </u>			· -				