

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN -8 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 02-03

DOCUMENT # 801000064494

1. Corporation Name

SPRUNGCO, INC.

500026469535  
01/08/04--01013--017 \*\*300.00

500026469535  
01/08/04--01013--016 \*\*600.00

2. Principal Office Address

900 Lake Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Spngs, FL

City & State

Zip

32701

Country

Seminole

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/27/2001

5. FEI Number

59-3686846

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

The Robertson Group, PL

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

5216 SW 91st Drive

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32608

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

*[Signature]*

Date 12/8/2003

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	Bradley T. Sprung	900 Lake Ave.	Altamonte Spngs, FL 32701
D	Wm. M. Thomas, Jr.	900 Lake Ave.	Altamonte Spngs, FL 32701
D	Linda C. Thomas	900 Lake Ave.	Altamonte Spngs, FL 32701
D	Wm. M. Thomas III	900 Lake Ave.	Altamonte Spngs, FL 32701
D	Jason J. Thomas	900 Lake Ave.	Altamonte Spngs, FL 32701
D	Marcus S. Goss	900 Lake Ave.	Altamonte Spngs, FL 32701

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:

*[Signature]* Bradley T. Sprung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-03

Date

(407) 402-4058

Daytime Phone #

CR2E081 (10/02)