

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -1 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*2002-2003
4 BX*

02-03

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000071928

1. Corporation Name
Spencer Insurance Inc.

2. Principal Office Address 255 NE 2nd Avenue Suite, Apt. #, etc. #301 City & State	3. Mailing Office Address 255 NE 2nd Avenue Suite, Apt. #, etc. #301 City & State Delray Beach, Florida
Zip 33444 Country USA	Zip 33444 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/23/2001

5. FEI Number 65-1123915
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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road
Suite, Apt. #, Etc.: #221E
City: Palm Beach Gardens
State: FL Zip Code: 33410

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: *Taide Baez, vP* Date: 4/30/03
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, P	Geoffrey S. Park	255 NE 2nd Avenue, #301	Delray Beach, Florida 33444

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: *by T. Baez as attorney in fact*
Geoffrey S. Park, Director
Date: 4/30/2003 Daytime Phone #: 305-672-0686

CR2E061 (10/02)

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Spencer Insurance Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 300.00 check payable to Florida Department of State

We never received the ²⁰⁰² Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
by T. Baez as attorney-in-fact
Name: Geoffrey S. Park
Title: Director
Date: 4/30/03