

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071928

1. Corporation Name

Spencer Insurance Inc.

2002-2003
4BX

02-03

2. Principal Office Address

255 NE 2nd Avenue

3. Mailing Office Address

255 NE 2nd Avenue

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

City & State

Delray Beach, Florida

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

5. FEI Number

65-1123915

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33444

Country

USA

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 05/14/03--01051--013 **300.00

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
REGISTERED AGENT MUST SIGN

Date

4/30/03

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:

Geoffrey S. Park

by T. Baez as attorney in fact
Geoffrey S. Park, Director

4/30/2003

305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (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