

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD1000087807

1. Corporation Name

Spurlin Corporation

FILED

04 MAR 29 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

3. Mailing Office Address

2529 W. Bush Blvd

8870 N. Himes Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#900

#409

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33618

USA

33615

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2001

5. FEI Number

593744657

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

Jose A Diaz

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

17410 - A US HWY 41 N

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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

REGISTERED AGENT MUST SIGN

Date 3/25/04

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
p	Eddie Spurlin / President	4800 S. West Shore #817 Tampa, FL 33611	Tampa, FL 336

100031290781  
03/26/04 01096 021 \*\*300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

813-404-5882

Daytime Phone #