

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

200034391612  
04/28/04--01025--014 \*\*150.00

DOCUMENT # 002000031519

1. Corporation Name  
SPIENPOUS INC.

2. Principal Office Address  
1523 WOODBRIDGE LKS CIRCLE  
Suite, Apt. #, etc.

3. Mailing Office Address  
1523 WOODBRIDGE LAKES CIRCLE  
Suite, Apt. #, etc.

City & State  
WEST PALM BEACH

City & State

Zip FL Country  
Zip 33406 Country

4. Date Incorporated or Qualified To Do Business in Florida 3-18-2002

5. FEI Number 04-3617062 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  
ROBERT BROWN

Street Address (P.O. Box Number is Not Acceptable)  
105 S NARCISSUS ST # 704

Suite, Apt. #, Etc.

City WEST PALM BEACH State FL Zip Code 33401

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 4/19/04

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
<u>PRESIDENT</u>	<u>ROBERT J. KANE</u>	<u>1523 WOODBRIDGE LAKES CIR</u>	<u>WPB / FL / 33406</u>

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] Date 4/15/04 Daytime Phone # 561-818-0546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

## **Splenyoyous Inc.**

To: State of Florida  
From: Robert J Kane  
Re: Reinstitution  
Date: March 16, 2004

I am writing to clear up a misunderstanding that has caused my corporation to be 'inactive'.

Early in 2003 I sent in my \$150 payment along with the included paperwork. Unfortunately, I left the FEI number box empty. Later in 2003 I received a letter from you informing me of the error.

Your instructions at the time were to simply fill out the FEI number box and resubmit, which I did. I followed up the paperwork with your office to confirm your receipt.

It seems that the paperwork I sent made it all the way thru your system.

When I received a letter from you this week, I was surprised. I immediately called the number to inquire. The gentleman representative on the phone instructed me to fill out the enclosed reinstatement paperwork, write a letter of explanation, and include my 2004 fee of \$150.

Just to be clear you did receive my payment for 2003 in March of 2003, therefore your representative said there would be no penalty.

If there is anything else that is needed please call me on my cell at 561-818-0546.

Thank you

Robert J. Kane