

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082149

1. Corporation Name

SPENCERCROSS DELIVERY, INC.

Principal Place of Business

Mailing Address

12605 NW 14TH COURT
SUNRISE FL 33323

12605 NW 14TH COURT
SUNRISE FL 33323

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12605 NW 14th Court

3. New Mailing Office Address, If Applicable

12605 NW 14th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL 33

City & State

Sunrise FL 3

Zip

33323

Country

USA

Zip

33323

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2002

5. FEI Number

61-1422218

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
PD		SPENCER, BRUCE L		12605 NW 14TH COURT		SUNRISE FL 33323	
VCEO		CROSS-SPENCER, YVETTE M		12605 NW 14TH COURT		SUNRISE FL 33323	
TD		CROSS-SPENCER, YVETTE M		12605 NW 14TH COURT		SUNRISE FL 33323	

000024056520

10/23/03--01083--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPENCER, BRUCE L
12605 NW 14TH COURT
SUNRISE FL 33323

Name

BRUCE SPENCER

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

12605 NW 14th Ct

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Bruce Spencer

REGISTERED AGENT MUST SIGN

Date 10-10-03

11. 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

Bruce Spencer

Date

10-10-03

Daytime Phone #

954-593-1945

CR2040 (7/03)

SpencerCross Delivery, Inc.
12605 NW 14th Court
Sunrise FL 33323

To Whom It May Concern

Please be advised that we did not receive any renewal notice for the above.

----- _Enclosed is a check for \$150.00 to cover renewal fee.

Thank you.