

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 4:37

DOCUMENT # P02000090633

1. Corporation Name

SPRINGFIELD IMPORTS, INC.

Principal Place of Business

~~718 MULBERRY STREET~~
3218 E 3rd St.
PANAMA CITY FL 32401

Mailing Address

~~718 MULBERRY STREET~~
3218 E 3rd St.
PANAMA CITY FL 32401



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

Suite, Apt. #, etc.

~~3218 E 3rd St~~
3218 E 3rd St

Suite, Apt. #, etc.

~~3218 E 3rd St~~
3218 E 3rd St

5. FEI Number

01-0742562

Applied For

Not Applicable

Zip

Country

Zip

Country

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	LONG, CURTIS	718 MULBERRY STREET 3218 E 3rd St.	PANAMA CITY FL 32401
CEOD	RAGOONANAN, TOOLSIE	718 MULBERRY STREET 3218 E 3rd St	PANAMA CITY FL 32401

900024764499

11/17/03--01103--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LONG, CURTIS
718 MULBERRY STREET
PANAMA CITY FL 32401

Name

Long, Curtis

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

3218 E 3rd St

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-14-03

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03

Date

Daytime Phone #

850-872-7455

CR2E040 (7/03)