

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000064564

1. Corporation Name

Spinnaker Investments, Inc.

2. Principal Office Address - No P.O. Box #
720 N Collier Blvd.

3. Mailing Office Address
720 N Collier Blvd.

Suite, Apt. #, etc. **501**
The Esplanade Bldg.#1, Unit 205

Suite, Apt. #, etc. **501**
The Esplanade Bldg.#1, Unit 205

City & State
Marco Island, FL

City & State
Marco Island, FL

Zip
34145

Country
USA

Zip
34145

Country
USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **April 19, 2004**

5. FEL Number
37-1491097

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
Allen H Hobbs

Street Address (P.O. Box Number is Not Acceptable)
720 N Collier Blvd.

Suite, Apt. #, Etc.
The Esplanade Bldg.#1, Unit 205 501

City
Marco Island, FL

State
FL

Zip Code
34145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Allen Hobbs

REGISTERED AGENT MUST SIGN

Date **10/10/07**

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
OD	Allen H Hobbs	720 N Collier Blvd.	Marco Island, FL 34145

200110971002
10/18/07--01045--024 **450.00

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 contained in Chapter 119, 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:

Allen Hobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/07

Date

941 870 5592

Daytime Phone #