2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					_		FILED	
DOCUMENT # P04000133053					·			
Entity Name     SPRADLEN'S SQUARE ONE, INC.					05 NOV 10 P			
						ŞEÇI	KETARY OF STA AHASSEE, FLOR	TF
Principal Place of Business Mailing Address					-	TALL	AHASSEE, FLOR	NDA
978 WHISPER COVE 978 WHISPER COVE								
WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880								
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Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite. Apt. #, etc.					10182005 REIN-P CR2E098 (6/04)			
City & State City & State					4. FEI Numb	er	Áç	oplied For
7/0 Country 7/0					20-1672	284		ot Applicable
Zip Country Zip Coi			Count	ry	5Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent				Address of New		
Name								
SPRADLEN, RYAN L 978 WHISPER COVE				Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN, FL 33880								
			ļ	City		···	FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	d office or registe	red agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd little if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating	)	DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OF	FICERS AND DIRECTORS	S IN 11
TITLE	Р	☐ Defete	TITLE				☐ Change	Addition
NAME	SPRADLEN, RYAN L		NAME	1				
STREET ADDRESS CITY-ST-ZIP	978 WHISPER COVE WINTER HAVEN, FL 33880			T ADDRESS   ST-ZIP				
TITLE	VP	Defete	TITLE				☐ Change	☐ Addition
NAME	SPRADLEN, RICKY L	La Desete	NAME	1			orange	
STREET ADDRESS	978 WHISPER COVE			T ADDRESS				
CITY - ST- ZIP	WINTER HAVEN, FL 33880	<del></del>		ST-ZIP	<u>.                                    </u>			
TITLE		☐ Delete	TITLE NAME	•	4.		Change	☐ Addition
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CITY-ST-ZIP			1	ST-ZIP	11/10	w 0501U42	2008 **150.	. וויו
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<u> </u>	<del> </del>	☐ Delete	TITLE				Change	[ ] Addition
TITLE NAME	-	☐ Delete	NAME	- 1			[] Charige	Addition
STREET ADDRESS				ET ADDRESS				
CITY+ST-ZIP		•	CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE	1 ~			☐ Change	Addition
NAME			NAME	ET ADDRESS				-
STREET ADDRESS CITY-ST-ZIP			ſ	ST-ZIP				
	certify that the information supplied with	this filing does not qualify to		- 1	ection 119.07(3)	(i), Florida Statutes	. I further certify that the in	nformation
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplied ratal report is true and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE:								
	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICE	R OR DIRECT	OЯ		Date	Daytime Phone #	