2007 FOR PROFIT CORPORATION REINSTATEMENT

		ı FILED
DOCUMENT # P05000113096 1. Entity Name SPENCER FOR HIRE, INC.		
		08 SEP 29 AM 10: 17
SPENCER FOR HIRE, INC.		
		Long PART OF STATE
Principal Place of Business Mailing Address		TALL AHASSEE, FLORIDA
2098 PALMETTO ROAD 2098 PALMETTO ROAD		
WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 3	33406	
		E NOCHE ON ENTER ON ENTER OR HE COME COME CONTROL HER STATE OF THE CONTROL OF THE
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	·-·-	
		THE SAME OF THE SA
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 9111 LANTERN DR 9111 LANTER	A DR	16020NSFATEMERF098 (1/07)07-0
City & State		4. FEI Number Applied For
LAKE WORTH, FL LAKE WORTH	FL	20-3414831 Not Applicable
	Country	5. Certificate of Status Desired \$8.75 Additional
33467 33467 33467	USA	Fee Required 7. Name and Address of New Registered Agent
	Name , , .	
HICKEY, SPENCER	Street Address (CKEY, SPENCER. (P.O. Box Number is Not Acceptable)
2098 PALMETTO ROAD WEST PALM BEACH, FL 33406	Street Address (r.C. Dux Number is Not Acceptable)
· · · · · · · · · · · · · · · · · · ·	9111	LANTERN DR
	City 1 0.45	LANTERN DR WORTH FL Zip Code 33467
The above named entity submits this statement for the nurnose of changing its re		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE		
	legistered Agent signature requi	red when reinstating) DATE
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00		
10. OFFICERS AND DIRECTORS TITLE D Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME HICKEY, SPENCER	NAME HI	CKEY, SPENCER
STREET ADDRESS 2098 PALMETTO ROAD	STREET ADDRESS 911	I LANTERN DR
CITY+ST-ZIP WEST PALM BEACH, FL 33406	CITY-ST-ZIP LA	KE WORTH, FL 33467
TITLE Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	
CITY+ST-ZIP	CITY-ST-ZIP	
TITLE Delete	TITLE	☐ Change ☐ Addition
NAME OTTOTAL NAME OF THE O	NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE Delete	TITLE	09/29/0801062012 Cress 08-44000
NAME	NAME	09/29/0801062012-****908-75*****
STREET ADDRESS (Malan)	STREET ADDRESS	
CITY-ST-ZIP 77 Z U	CITY-ST-ZIP	
TITLE Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME Street adoress	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE Delete	TITLE	☐ Change ☐ Addition
NAME	NAME	
STREET ADDRESS	STREET ADORESS	,
CITY-ST-ZIP	CITY-ST-ZIP	d in Chapter 110 Florida Clabuta I from a satisfactor in the satisfactor
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 receiver or trustee, employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
of the corporation of the receiver of trustee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an appears, with all other like empowered.		
Allila		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daystric Phone 6		
P SHURATURE AND TITED OF PROTECTION OF PROCESSING OF PROCE		