

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 SEP 29 AM 10:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000113096

1. Entity Name
SPENCER FOR HIRE, INC.



Principal Place of Business
2098 PALMETTO ROAD
WEST PALM BEACH, FL 33406

Mailing Address
2098 PALMETTO ROAD
WEST PALM BEACH, FL 33406

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

9111 LANTERN DR

Suite, Apt. #, etc.

9111 LANTERN DR

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

10302807 REINSTATEMENT 098 (1/07) 07-08

Zip

33467

Country

Zip

33467

Country

USA

4. FEI Number
20-3414831

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKEY, SPENCER
2098 PALMETTO ROAD
WEST PALM BEACH, FL 33406

Name
HICKEY, SPENCER
Street Address (P.O. Box Number is Not Acceptable)

9111 LANTERN DR

City
LAKE WORTH

FL

Zip Code
33467

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D HICKEY, SPENCER
STREET ADDRESS
2098 PALMETTO ROAD
CITY-ST-ZIP
WEST PALM BEACH, FL 33406

☐ Delete

TITLE
NAME
P HICKEY, SPENCER
STREET ADDRESS
9111 LANTERN DR
CITY-ST-ZIP
LAKE WORTH, FL 33467

☒ Change ☐ Addition

TITLE
NAME
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #