

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN -7 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000046948

1. Corporation Name Springer-Peterson Gutter Covers, Inc.

2. Principal Office Address - No P.O. Box #

4410 Maine Avenue

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33801

Country

USA

3. Mailing Office Address

4410 Maine Avenue

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33801

Country

USA

500181778375  
06/07/10--01066--010 \*\*\*950.00

REINSTATEMENT

08-10

4. This corporation is qualified  
To Do Business in Florida

4/17/07

5. FEI Number

26-0337827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

5873 (Addition of Per. required  
to do Certificate Status)

7. Name and Address of Current Registered Agent

Name

John J. Lancaster

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

500 South Florida Avenue

Suite, Apt. #, Etc.

Suite 800

City

Lakeland

State

FL

Zip Code

33801

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/1/10

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
P	Robert D. Springer	4410 Maine Avenue	Lakeland, FL 33801
VP	Gregory K. Farris	4410 Maine Avenue	Lakeland, FL 33801
S, T	Daniel Boatwright	4410 Maine Avenue	Lakeland, FL 33801

10. E-mail Address: Kathy@springerpetererson.com

(To be used for future annual report notification)

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. I further certify, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/10

Date

Daytime Phone #