

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 22 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000017137**

1. Corporation Name

MICHAEL S. SPARGUR, INC.

Principal Place of Business

~~1101 TROTTER HORSE~~
~~JACKSONVILLE FL 32225~~

Mailing Address

~~1101 TROTTER HORSE~~
~~JACKSONVILLE FL 32225~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.
P.O. BOX 17675
City & State
JACKSONVILLE FL.
Zip
32245 Country
PUVAL

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
7061 OLD KINGS RD. S. #140
City & State
JACKSONVILLE FL.
Zip
32217 Country
PUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1994

5. FEI Number

50-3227921

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	SPARGUR, MICHAEL S	11312 TROTTER HORSE	JACKSONVILLE FL 32225
DV	SPARGUR, PATRICIA	11312 TROTTER HORSE	JACKSONVILLE FL 32225

500002015315-6
-11/26/96-01167-020
###383.75 ###383.75

8. Name and Address of Current Registered Agent

SPARGUR, MICHAEL S
11312 TROTTER HORSE
JACKSONVILLE FL 32225

9. Name and Address of New Registered Agent

Name
MICHAEL S SPARGUR
Street Address (P.O. Box Number is Not Acceptable)
7061 OLD KINGS RD. #140
Suite, Apt. #, Etc.
#140
City
JACKSONVILLE State
FL Zip Code
32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael S. Spargur

REGISTERED AGENT MUST SIGN

Date **11/19/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Michael S. Spargur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/96

904-448-5194
Daytime Phone #

CR2040 (7/90)