

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P450000118410

1. Corporation Name

Spencer Contracting, Inc.

FILED

27 FEB 12 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6295 Powers Avenue Jacksonville, FL 32217	Mailing Address P.O. Box 26307 Jacksonville, FL 32226
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6295 Powers Avenue	3. New Mailing Office Address, If Applicable P.O. Box 26307	4. Date Incorporated or Qualified To Do Business in Florida 02/07/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3297421
City & State Jacksonville, Florida	City & State Jacksonville, Florida	Applied For Not Applicable
Zip 32217	Country U.S.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

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
Pres./ Dir.	James H. Spencer	6295 Powers Avenue	Jacksonville, Florida 32217
V.P./Sec. Tres/ Dir.	Roger D. Spencer	6295 Powers Avenue	Jacksonville, Florida 32217

REINSTATEMENT

200002088492--8  
-02/14/97--01113--007  
\*\*\*\*\*8.75 \*\*\*\*\*8.75  
200002088492--8  
-02/14/97--01113--008  
\*\*\*\*\*915.00 \*\*\*\*\*915.00

8. Name and Address of Current Registered Agent  Thomas R. Ray, Esquire 2301 Independent Square Jacksonville, Florida 32202	9. Name and Address of New Registered Agent Name Thomas R. Ray Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite, Apt. #, Etc. Suite 2301 City Jacksonville State FL Zip Code 32202
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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 <u>[Signature]</u> Date 2/10/97 REGISTERED AGENT MUST SIGN
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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(See other side for information on intangible tax.)
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2-11-97	Tele: (904) 737-7653 Daytime Phone # FAX: (904) 737-7928
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CR2E040 (12/96)