

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 29 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002656

**1. Corporation Name**

SPENCER INVESTMENT GROUP INC.

**2. Principal Office Address**

1475 West Gateway Boulevard

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

Zip

33426

Country

USA

**3. Mailing Office Address**

630 Third Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10017

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/09/1997

**5. FEI Number**

133946603

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

National Corporate Research, LTD., Inc.

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

103 North Meridian Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

**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

*Cynthia A. Hick*

Date

1-29-03

REGISTERED AGENT MUST SIGN

**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
PD	Gottbetter, Adam S.	630 Third Avenue	New York, NY 10017

**10. 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:

*Adam S. Gottbetter*

Adam S. Gottbetter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03

Daytime Phone #

212.983.6900

CR2E081 (9/01)

B



CORPORATION SERVICE COMPANY™

2052

ACCOUNT NO. : 072100000032

REFERENCE : 903399 5018925

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 900.00

ORDER DATE : January 22, 2003

ORDER TIME : 2:29 PM

ORDER NO. : 903399-015

CUSTOMER NO: 5018925

CUSTOMER: Mr. Sal Fichera  
Kaplan Gottbetter & Levenson,  
Floor 5th  
630 3rd Ave.  
New York, NY 10017

DOMESTIC FILINGS

NAME: SPENCER INVESTMENT GROUP INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
03 JAN 29 PM 3:53  
DIVISION OF CORPORATION

*File*