

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98 AR
APPLICATION
OF
REINSTATEMENT



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

AND
FILED

98 NOV 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041208

1. Corporation Name

SPICER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2454 COMMACH COURT
NEW PORT RICHEY FL 34655

2454 COMMACH COURT
NEW PORT RICHEY FL 34655

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1997

5. FEI Number

59-3448201

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SPICER, SHARI	2454 COMMACH COURT 2454 Commack Court	NEW PORT RICHEY FL 34655

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPICER, SHARI
2454 COMMACH COURT
NEW PORT RICHEY FL 34655

Name

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

2454 Commack Court

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE REQUIRED
Shari Spicer

11/18/98

727/372-6089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

Spicer Enterprises, Inc.
2454 Commack Court
New Port Richey, Florida
34655
727/372-6089

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Spicer Enterprises, Inc.

November 19, 1998

Florida Department of State

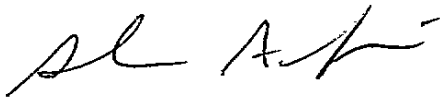
Division of Corporations
RE: Document # P97000041208

Dear Sir or Madam:

I recently received a Notice of Administrative Dissolution for my company, Spicer Enterprises, Inc. The notice indicated that prior warning notices were sent, but none was ever received at my address. The address in the notice, and where it was sent, was misspelled. When I contacted your office on Tuesday, November 17, and explained the situation, one of your agents agreed to waive the penalties (etc.) and that I would just have to pay the \$150.00 filing fee. He also said that I needed to include an explanation, thus the reason for this letter.

I'd like to thank you for the ease which this problem was resolved. This is my first year being incorporated, and was not sure what to expect. I was pleasantly surprised.

Sincerely,



Shari A. Spicer
President

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