

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 SEP -2 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000063366

Corporation Name

RS Spears Construction Consulting, Inc

2. Principal Office Address

10416 Key Lantern Dr

3. Mailing Office Address

same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

Zip

34654

Country

USA

Zip

34654

Country

USA

**REINSTATEMENT** 99-03

4. Date Incorporated or Qualified  
To Do Business in Florida

7/14/1997

5. FEI Number

59-3466704

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

RANDY SCOTT SPEARS

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

10416 KEY LANTERN DRIVE

Suite, Apt. #, Etc.

N/A

City

NEW PORT RICHEY

State

FL

Zip Code

34654

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

REGISTERED AGENT MUST SIGN

Date

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
<u>P</u> <u>Pres</u> <u>Owner</u>	<u>RANDY S. SPEARS</u>	<u>10416 Key Lantern Dr</u>	<u>New Port Richey FL</u> <u>34654</u>

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:

Randy S. Spears 8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 946 8228

CR2E081 (10/02)

7/9/2