

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000093682

1. Corporation Name

SPRINGWOOD HOLDINGS, INC.

Principal Place of Business

7641 CUMBERLAND ROAD
LARGO FL 33777

Mailing Address

7641 CUMBERLAND ROAD
LARGO FL 33777

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

10/31/1997

5. FEI Number

59-3475671-

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	GEIGLE, JOHN	7641 CUMBERLAND RD	LARGO FL 33777
VP	GEIGLE, KEVIN	1237 ROBINHOOD LN	CLEARWATER FL 33764

300004670953--8
-11/07/01--01058--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GEIGLE, KEVIN J
7641 CUMBERLAND ROAD
LARGO FL 33777

9. Name and Address of New Registered Agent

Name
John Geigle
Street Address (P.O. Box Number is Not Acceptable)
7641 Cumberland Rd.
Suite, Apt. #, Etc.
City
Largo
State
FL
Zip Code
33777

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/11/01

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Geigle, President

(727) 399-8831

Date

Daytime Phone #

10/11/01

APPROVED
AND
FILED

01 OCT 22 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

CR2E040 (8/01)