

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 12 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000069779**

1. Corporation Name

GENTRY-SPICOLA INC.

300004670793--8
-11/07/01--01050--005
****758.75 ****758.75

2. Principal Office Address

**208 SOUTH
COOPER PL.**

City & State

**TAMPA FL
33609 HILLSBOROUGH**

3. Mailing Office Address

**208 SOUTH
COOPER PL.**

City & State

**TAMPA FL
33609 HILLSBOROUGH**

4. Date Incorporated or Qualified
to Do Business in Florida

AUGUST 6, 1998

5. FEI Number

593525291

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 **STEVEN F. GENTRY**

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

208 SOUTH COOPER PL.

Suite, Apt. #, Etc.

City **TAMPA**

State
FL

Zip Code
33609

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

Steven F. Gentry
REGISTERED AGENT MUST SIGN

Date **10-10-01**

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
C/P	STEVEN F. GENTRY	208 SOUTH COOPER PL.	TAMPA / FL 33609
V/S/T	TERRI A. SPICOLA	208 SOUTH COOPER PL.	TAMPA / FL 33609

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:

Steven F. Gentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-01
Date

813-787-8741
Daytime Phone #

CR2E081 (9/00)