PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069779

1. Corporation Name
GENTRY-SPICOLA, INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
9808 N. ARMENIA AVE.	9808 N. ARMENIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TPA FL.	City & State: TPA FL.
Zip: 33612 Country: HILLSBOROUGH	Zip: 33612 Country: HILLSBOROUGH

4. Date Incorporated or Qualified To Do Business in Florida: 08-04-98

5. FEI Number: 593525291 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: STEVEN FELTON GENTRY

Street Address (P.O. Box Number is Not Acceptable): 9808 NORTH ARMENIA AVE.

Suite, Apt. #, Etc.:

City: TPA State: FL Zip Code: 33612

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: 03-11-05

CR2E031 (04/03)

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
CP	STEVEN F. GENTRY	6940 WEST COMANCHE	TPA FL. 33634
VST	TERRI A. SPICOLA	3949 WEST APPLEGATE CIR	BRANDON FL. 33511

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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 03-11-05 813-245-0136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #