

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050294

1. Corporation Name

SPENCE PUBLISHING SACRIFICE OF PRAISE TV & PRODUCTION, INC.

Principal Place of Business

Mailing Address

13090 GRIFFING BLVD
NORTH MIAMI FL 33161

13090 GRIFFING BLVD
NORTH MIAMI FL 33161



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

4. Date Incorporated or Qualified To Do Business in Florida

06/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0938637

Not Applicable

Zip

Country

Zip

Country

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. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	SPENCE, VINCENT W	13090 GRIFFING BLVD	NORTH MIAMI FL 33161
VPD	SPENCE, GWENDOLYN W	13090 GRIFFING BLVD	NORTH MIAMI FL 33161

500002482175--0
-12/05/00--01103--005
****150.00 ****150.00

02 482 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPENCE, VINCENT W
13090 GRIFFING BLVD
NORTH MIAMI FL 33161

Name

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

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

Date 11-6-00

REGISTERED AGENT MUST SIGN

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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-06-00

CR2E040 (8/00)

COMPREHENSIVE®
BUSINESS SERVICES

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ACCOUNTING

BOOKKEEPING

TAX SERVICES

CONSULTATION

7001 Biscayne Blvd. 1st Floor • Miami, FL 33138

Phone (305) 751-1226

FAX (305) 751-1291

November 6, 2000

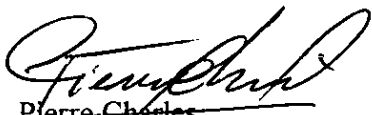
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn.: Division of Corporations;

This is to inform you that we are the Accountant of records for **SPENCE PUBLISHING SACRIFICE OF PRAISE TV & PRODUCTION, INC.** with document number P990000050294 and back in April of 2000 we did mail the current Annual report with the required fee; apparently every thing must have gotten lost in the mail, since we have received this administrative dissolution.

Enclosed is a new check together with a signed copy of the annual report. And, since the mailed has proven unreliable in the past we are mailing this one as certified mail.

Thank you for your understanding .



Pierre-Charles

Comprehensive Business Services