

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000108438

1. Corporation Name

SPIKE'S RIG SALES, INC.

Principal Place of Business

~~1008 BALD EAGLE DR.~~
~~950 N. COLLIER BLVD., SUITE 201~~
MARCO ISLAND FL 34145

Mailing Address

~~1008 BALD EAGLE DR.~~
~~950 N. COLLIER BLVD., SUITE 201~~
MARCO ISLAND FL 34145

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1008 BALD EAGLE DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 745

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

34145

Country

COLLIER

Zip

34146

Country

COLLIER

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1999

5. FEI Number

59-3616400

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)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

PST MCMICHAEL, ROBERT W SR

1008 BALD EAGLE DR

MARCO ISLAND FL 34145

500004768755--8

-01/11/02--01032--007

*****300.00 *****300.00

REINSTATEMENT

01-02
18

8. Name and Address of Current Registered Agent

KRAMER, FREDERICK C
950 N. COLLIER BLVD., SUITE 201
MARCO ISLAND FL 34145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

DECEMBER 10, 2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. MCMICHAEL, SR. 12-10-01 941-389-1117

Date

Daytime Phone #

CR2E040 (8/01)