

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000109453

1. Corporation Name

Spinnaker Financial Services, Inc.
3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027

2. Principal Office Address - No P.O. Box #

3450 LAKESIDE DR.

Suite, Apt. #, etc.

400

City & State

MIRAMAR

Zip

FL

Country

USA

3. Mailing Office Address

3450 LAKESIDE DR.

Suite, Apt. #, etc.

400

City & State

MIRAMAR

Zip

FL

Country

USA

500175473525
04/13/10--01003--023 **900.00

REINSTATEMENT⁽⁰⁹⁾ 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

59-3615941

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

Compupay, Inc.

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

3450 LAKESIDE DR. # 400

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature] C.F.O.

Date

4/6/10

REGISTERED AGENT MUST SIGN

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
CEO	CHARLES LATHROP	3450 LAKESIDE DR, #400	MIRAMAR, FL 33027
CFO	CARL DREW	3450 LAKESIDE DR, #400	MIRAMAR, FL 33027
	<i>[Signature]</i>		

10. E-mail Address: MIRIAMLINARES@COMPUPAY.COM

(To be used for future annual report notification)

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. I further certify 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] C.F.O.

4/6/10

954.874.4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #