PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01905

1. Corporation Name
1801 SP INC.

W98-02783

Principal Place of Business	Mailing Address
346 Office Plaza Magnolia Office Center Tallahassee, FL 32301	346 Office Plaza Magnolia Office Center Tallahassee, FL 32301

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

REINSTATEMENT 96-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/91

5. FEI Number: 65-0874861 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required (Form 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Ronald L. Crane	5 FARMERS RD.	Great Neck NY 11024
VP	Paula Crane	5 FARMERS Rd	Great Neck NY 11024

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-02709/99--01054--023
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

XL CORPORATE SERVICES, INC.
346 Office Plaza
Magnolia Office Center
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name: XL CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 4435 Old Winter Garden Road
Suite, Apt. #, Etc.:
City: Orlando
State: FL
Zip Code: 32802

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: Marc Moel
Marc Moel, Asst Sec. REGISTERED AGENT MUST SIGN For: XL Corporate Services, Inc.
Date: 1/26/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Ronald L Crane As President 1/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Ronald L. Crane As President
Daytime Phone #