

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 APR 23 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **V05587**

1. Corporation Name

*Phillip Spencer Builder, Inc.
4135 Bugleview Way
Tallah*

2. Principal Office Address

4135 Bugleview Way

Suite, Apt. #, etc.

City & State

Tallahassee

Zip Country

32311 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida 32311

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/10/92

5. FEL Number

59-317452

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

Phillip Spencer

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

4135 Bugleview

Suite, Apt. #, Etc.

800004192318--8

-05/10/01--01017--006

***1058.00 ***1058.00

City

Tall

Fla

State

FL

Zip Code

32311

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

Phillip Spencer

REGISTERED AGENT MUST SIGN

Date

04-23-01

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
P	Phillip Spencer	4135 Bugleview Way	Tall Fla 32311
T	Pat Spencer	" " "	

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:

Phillip Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

850 570-8320

Daytime Phone #

CR2E081 (9/00)