

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V05587*

1. Corporation Name

Phillip Spencer Builder Inc.

2. Principal Office Address

3. Mailing Office Address

100 Cadiz St

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32301

Country

USA

Zip

Country

REINSTATEMENT *99-04*

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-92

5. FEI Number

593117452

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)

100 Cadiz St 102

500028150615

*02/03/04--01051--012 **900.0*

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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 *1-9-04*

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
<i>Pres</i>	<i>Phillip Spencer</i>	<i>100 Cadiz St 102</i>	<i>Tallahassee, FL 32301</i>

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

1-9-04 850-566-5746

Date

Daytime Phone #

CR2E081 (9/01)

1-09-04

To Whom It May Concern:

Due to address change reports were
not received.

Philly Spencer