


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |
|---|--|---|
| DOCUMENT # V05587                               |  |  |
| 1. Entity Name<br>PHILLIP SPENCER BUILDER, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>100 CADIZ STREET, # 102<br>TALLAHASSEE, FL 32301 | Mailing Address<br>100 CADIZ STREET, # 102<br>TALLAHASSEE, FL 32301 |
|---|---|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>2001 Sam Lee Lane | 3. Mailing Address<br>576 R9 Box |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.              |

|                                  |                                   |
|----------------------------------|-----------------------------------|
| City & State<br>Tallahassee, Fla | City & State<br>Crawfordville Fla |
| Zip<br>32312-3545                | Zip<br>32328                      |
| Country<br>USA                   | Country<br>USA                    |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>SPENCER, PHILLIP<br>100 CADIZ STREET, #102<br>TALLAHASSEE, FL 32301 |  | 7. Name and Address of New Registered Agent<br>Name<br>Spencer Phillip<br>Street Address (P.O. Box Number is Not Acceptable)<br>2001 Sam Lee Lane<br>City<br>Tallahassee FL Zip Code<br>32312-3545 |  |
|--|--|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Phillip Spencer (NOTE: Registered Agent signature required when reinstating) DATE: 5-17-07

|                             |  |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SPENCER, PHILLIP<br>100 CADIZ STREET #102<br>TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Spencer, Phillip<br>2001 Sam Lee Lane<br>Tallahassee, Fla 32312-3545 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 500103235615<br>05/25/07--01006--008 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phillip Spencer DATE: 5-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

07 MAY 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

K. Eckel MAY 17 2007