PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

V71709

1. Corporation Name

FILED

97 JAN -3 AM 11: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SPEE	DLIMIT, INC.							
		dress /ACKER \$T. O FL 34442			ian angga tangg 18800 napig bapi nagg	AIRN BIAN BIAN BIAN BIAN AIRN IRR		
					RFINS	STATEME	NT W	
	iddresses are incorrect in any way, f ncipal Office Address, If Applicable			d enter correction below. ress, If Applicable	4. Date Incorpo	orated or Qualified	MI	
Suite, Apt. #, etc. Suite, A		Suite, Apt. #	Apt. #, etc.		5. FEI Number		10/16/1992	
City & State		City & State	City & State			59-3146130	Applied For Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Office		orida nonprofit	corporations must list at le				
Title(s)			Officer and/or Director 3 (Do NOT Use Post Office Box N		City / State / Zip 4			
P	STEPHENS, KENNETH A.		1160 E. WACKER ST.			HERNANDO FL		
					30	00002051 -01/03/37 ****375.00	19630 01021003) ****375.00	
<i>J</i>						10/1	1-01	
	8. Name and Address of Cu	urrent Registered Ag	ent		9. Name and A	Address of New Registere	d Agent	
	HENS, KENNETH A. E. WACKER ST.			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
HERNANDO FL 34442				Suite, Apt. #, Etc				
				City		Sta F	ate Zip Code	
10. I, bein	g appointed the registered agent of t	the above named corp	poration, am ta	miliar with and accept the	obligations of Secti	on 607,0505, F.S.		
Signature o Registered		REGISSE IDEN A	GENT MUST S	BIGN		Date 9-/6	-76	
11. Do	pes this corporation pept. of Revenue unde	eay any intan or S. 199.032	gible tax , Florida	to the Statutes. Yes	□ No □		side for Information tangible tax.)	
this reii	y that I am an officer or director or th nstatement application, the reason fo by the corporation have been paid a application is true and accurate, and	or dissolution has bee nd the names of indiv	n eliminated, ti iduals listed on	he corporate name satisfier this form do not qualify fo	s the requirements r an exemption un	of section 607.0401 or 617	7.0401, F.S., that all fees	
	27 /	7 ./		•			352-	
SIGNA	TURE: SIGNIFICHE AND TYPED	SEPHILIP NAME OF	SIGNING OFFIC	GWEHH A	STEPH	CAUS 9-16-9	0 489-1163 Daylime Phone #	