

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08014

1. Corporation Name

SPARTAN HOLDING CO.

*Reinstatement of 12
KREBZKI*

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

101 BRACKEN WOOD RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

City & State

Zip

33418

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 20, 1984

5. FEI Number

59-2784156

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

EMANUEL G. SFAELOS

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

101 BRACKEN WOOD RD.

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

200220398852
02/03/12--01024--027 **1243.75

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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

REGISTERED AGENT MUST SIGN

Date JANUARY 31, 2012

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
PRES.	EMANUEL G. SFAELOS	101 BRACKEN WOOD RD.	PALM BEACH GARDENS, FL 33418
SEC	SAME AS ABOVE	"	"
TRES.	"	"	"

10. E-mail Address: ESFAELOS@HOTMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sfaelos

Jan. 31, 2012 561-624-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #