

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 AM 8:58

DOCUMENT # P00000088434

1. Corporation Name

THE SPICE ZONE, INC.

Principal Place of Business

423 DUVAL STREET
BUILDING C
KEY WEST FL 33040

Mailing Address

423 DUVAL STREET
BUILDING C
KEY WEST FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2000

5. FEI Number

65-1002302

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KAINAN, MAOR MR.	423 DUVAL STREET - BUILDING C	KEY WEST FL 33040

500004704875-1
-12/05/01--01001--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORNEAL, SETH D
608 WHITEHEAD STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

Date 10-30-01

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01

Date

(305) 292-2101

Daytime Phone #

2 of 2

HORAN, HORAN & WALLACE, LLP
ATTORNEYS AT LAW
608 WHITEHEAD STREET
KEY WEST, FLORIDA 33040

*DAVID PAUL HORAN, P.A.
*EDWARD W. HORAN, P.A.
R. BRUCE WALLACE, P.A.
SETH D. CORNEAL
**PATRICIA A. EABLES

(305) 294-4585
(305) 294-3488
FAX (305) 294-7822
*ALSO MEMBER COLORADO BAR
**ALSO MEMBER ARKANSAS BAR

October 30, 2001

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: The Spice Zone, Inc.
Late payment for failure to receive previous annual report

To Whom It May Concern:

Enclosed please find our clients' application for reinstatement, together with a check for the annual fee (\$150.00). The Spice Zone, Inc. never received their annual report and were unaware that their corporation would be dissolved until they received the Certificate of Administrative Dissolution or Revocation.

Please accept this fee and reinstate the corporation to active status. If there is any difficulty or there are any further procedures that we must follow in order to make this happen, feel free to contact our office. Thank you for your assistance in these matters.

Sincerely,



Seth D. Corneal
For the Firm

cc: The Spice Zone, Inc.
c/o Maor Kainan