

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1998 MAR -4 AM 10: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F94000002130

1. Corporation Name

**SPOREX FINANCIAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

151 W. Ogden Ave.  
Westmont, IL 60559

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3828603

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Sang Park	151 W. Ogden Ave.	Westmont, IL 60559
Sec. Dir.	Sang Park	151 W. Ogden Ave.	Westmont, IL 60559
Dir	Chong Park	151 W. Ogden Ave.	Westmont, IL 60559

400002446874--2

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Avenue  
Tallahassee, FL 32301

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

*Karen B. Rozar*

**Karen B. Rozar, As Its Agent**

REGISTERED AGENT MUST SIGN

Date

3/4/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

*Sang Park*  
Sang Park

Date

2-3-98

Daytime Phone

CRF 040 (12/96)

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THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 721845 5017647

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : \$ 900.00

ORDER DATE : February 26, 1998

ORDER TIME : 11:03 AM

ORDER NO. : 721845-020

CUSTOMER NO: 5017647

CUSTOMER: Brenda White, Legal Assistant  
BRYAN CAVE LLP

Suite 3600  
One Metropolitan Square  
St. Louis, MO 63102-2750

DOMESTIC FILING

NAME: SPOREX FINANCIAL SYSTEMS, INC.

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
98 MAR-4 PM 12:08  
DIVISION OF CORPORATION