

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 3:39

DOCUMENT #

P00 000 000 111

1. Corporation Name

G-SPOT, INC.

2. Principal Office Address

5618 E. Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

US

3. Mailing Office Address

5618 E. Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32807

Country

US

REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 1, 2000

5. FEI Number

59-3615260

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

JARED HENIG

700004659347-4

-10/30/01--01061--026

****750.00 ****750.00

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

1812 Northwood Terr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32807

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

[Signature]

Date

10-9-01

REGISTERED AGENT MUST SIGN

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	JARED HENIG	1812 Northwood Terr. ^{ORT}	Orlando, FL 32807
VP	TROY FISH	3621 Wedge sect ^{ct}	Orlando, FL 32817

10. 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]

JARED HENIG

Date

10-9-01

Daytime Phone #

407-306-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR