

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 # 800 000 000 111

1. Corporation Name

6-SPOTI, INC.

2. Principal Office Address

5618 E. Colonial Dr

Suite, Apt. #, etc.

3. Mailing Office Address

5618 E. Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32807

Country

US

Zip

32807

Country

US

7. Name and Address of Current Registered Agent

Name

JARED HENIG

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

1812 Northwood Terr.

Suite, Apt. #, Etc.

City

Orlando

700004659347-4

-10/30/01-01061-026

\*\*\*750.00 \*\*\*750.00

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

Jared Henig

Date 10-9-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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. #101	Orlando, FL 32807
VP	TROY FISH	3621 Wedge Ct #101	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 AND TYPED OR BRIDGED NAME OF SIGNING OFFICER OR DIRECTOR

JARED HENIG

Date

10-9-01 407-306-8777

Daytime Phone #