

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000000111

1. Corporation Name

G-SPOT I, INC

FILED

2010 FEB 25 P 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
701170574917
02/25/10--01037--018 **450.00

CR2E081 (11/09)

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

5303 EAST COLONIAL DR

Suite, Apt. #, etc.

SUITE G

City & State

ORLANDO

Zip

32807

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

32807

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2003

5. FEI Number

593615260

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

TROY M FISH

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

2010 ESTATE CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32807

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Troy M Fish Troy Fish

REGISTERED AGENT MUST SIGN

Date 02/24/10

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	TROY M FISH	2010 ESTATE CT	ORLANDO FL 32807

REINSTATEMENT

08-10

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10. E-mail Address: troygspt@yahoo.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., 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.

SIGNATURE:

Troy M Fish Troy Fish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/10

Date

Daytime Phone #