

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000056919**

1. Corporation Name

SPECIAL EVENTS OF AMERICA, INC.

2. Principal Office Address

801 CHESTNUT ST.

Suite, Apt. #, etc.

APT. 206

City & State

CLEARWATER, FL

Zip

33756

Country

USA

3. Mailing Office Address

PO BOX 6931

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33758

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2000

5. FEI Number

54-3651347

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

Jerome Katz

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

801 CHESTNUT ST.

Suite, Apt. #, Etc.

APT 206

City

CLEARWATER

State

FL

Zip Code

33756

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]

REGISTERED AGENT MUST SIGN

Date **12-16-02**

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	Jerome Katz	801 CHESTNUT ST.	CLEARWATER, FL 33756

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-02 (222) 804-8596

Date

Daytime Phone #

CR2E081 (9/01)

Special Events of America, Inc.

262

Florida Department of State
Division of Corporation
Ms. Michelle Milligan
Document Specialist
P.O. Box 6327
Tallahassee, Florida 32314

Ref. Number: P00000056919

Letter Number: 402A00059667

Dear Ms. Milligan:

I never received the information or form last year or this year to renew my corporation status with the state of Florida. When I thought of it because I would like to go back to work I immediately contacted your office.

I had sent in the \$300.00 and a form several months ago but the check has never been cashed and I have not received a response.

I had been sick and hospitalized for part of the year 2001. When I spoke to your office I was told that I could send in a check for \$300.00 due to the fact that I never received the proper forms. If you need verification of my illness you may contact Dr. Williamson, cardiologist, at Morton Plant Hospital in Clearwater, FL. His telephone number is (727) 445-1911.

Thank you for your assistance in this matter.

Sincerely,

Thorne Katz
President



P.O. Box 6931 • Clearwater, Florida 33758

(727) ~~345-3336~~

804-8591