

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000057100*

1. Corporation Name

SPARE Time Recreation, INC.

2. Principal Office Address

Jupiter Lanes

Suite, Apt. #, etc.

350 Maplewood Drive

City & State

JUPITER, FL

Zip

33458

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900023635489
*10/08/03--01013--003 **150.00*

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2000

5. FEI Number

65-1017146

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

FRANK C. CAPRISO

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

130 Sedona Way

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Frank C. Capriso

REGISTERED AGENT MUST SIGN

Date

9/30/03

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
<i>P.O.S.</i>	<i>FRANK C. CAPRISO</i>	<i>130 Sedona Way</i>	<i>Palm Beach Gardens, FL 33418</i>
<i>PP, D</i>	<i>SUZANNE K. CAPRISO</i>	<i>130 Sedona Way</i>	<i>Palm Beach Gardens, FL 33418</i>

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:

Frank C. Capriso

FRANK C. CAPRISO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/03

Daytime Phone #

561-743 9200

CR2E081 (10/02)

21 10/2



JUPITER LANES

FAMILY ENTERTAINMENT CENTER

350 Maplewood Drive ~ Jupiter, FL 33458
(561) 743-9200 Fax (561) 743-9221

September 30, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl., 32399

Sir,

As instructed by your office, I want to formally notify you that we did not receive the annual corporate report and, therefore, must submit a reinstatement application at this time with the fee of \$150.00.

Please note that the only change from the previous year is the new home address of the corporate officers which might have caused the problem.

Thank you very much for your assistance.

Very truly yours,

Frank Caprise
President, Spare Time Recreation, Inc.