

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -8 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002256

1. Corporation Name

North American Badefisa, Inc.

2. Principal Office Address
318 Jackson Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33019

Country

USA

3. Mailing Office Address

Post Office Box 30242

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33303

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 5, 2001

5. FEI Number

65-1083006

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

O.R. Spaten

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

318 Jackson Street

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33019

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

O.R. Spaten

Date November 7, 2002

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
P/S/T/D	O.R. Spaten	318 Jackson Street	Hollywood, Florida 33109

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:

O.R. Spaten

O.R. Spaten

11/07/02

(954) 925-7361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

js 11/15/02



North American Badefisa, Inc.

Post Office Box 30242 * Fort Lauderdale * Florida 33303 * Telephone: (954) 925-7361 * Telefax: (954) 925-7362

November 7, 2002

**Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

Re: North American Badefisa, Inc.

I, O.R. Spaten, President of North American Badefisa, Inc. hereby certify that we never received the documentation from the Department of State regarding the filing of the annual report and the fee involved.

After speaking with Michele in the re-instatement department, we were advised to download the re-instatement form, to fill it out and send to you with this letter and the filing fee of a total of \$ 158.75.

Thanking you for your prompt attention to this request, we remain

Sincerely yours,

A handwritten signature in black ink, appearing to read "O.R. Spaten". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

President

ORS:ja
Encl.