

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000017505

1. Corporation Name

SPAMAR HOLDINGS, CORP.

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

1200 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

APT # 2702

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1200 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

APT# 2702

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/15/2001

5. FEI Number

651077392

☐ 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

RENATO SPADEI

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

1200 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.

APT # 2702

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 06/03/2010

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	SPADEI, RENATO	1200 BRICKELL BAY DRIVE APT 2702	MIAMI, FL 33131
VP	SPADEI, MARCELO	1200 BRICKELL BAY DRIVE APT 2702	MIAMI, FL 33131
S	TRUJILLO, OTILIA DEL PILAR	1200 BRICKELL BAY DRIVE APT 2702	MIAMI, FL 33131
T	SPADEI, GRACE GIORDANA	1200 BRICKELL BAY DRIVE APT 2702	MIAMI, FL 33131

10. E-mail Address: gspadei@gmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2010 3055191063

Date

Daytime Phone #

FILED  
10 JUN -7 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

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