

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 30 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113120

1. Corporation Name

SPOONFULL.NET, INC.

Principal Place of Business

1901 S CONGRESS AVE SUITE 240
BOYNTON BEACH FL 33426

Mailing Address

1901 S CONGRESS AVE SUITE 240
BOYNTON BEACH FL 33426



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

32-0007840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	Will Farr	1901 S. Congress Ave Suite 240	Boynton Beach FL 33426

500008693345
10/30/02--01028--010 **1517.50

8. Name and Address of Current Registered Agent

RIABOUKA, ERICKA
1901 S CONGRESS AVE SUITE 240
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name
Erika Riaboukha
Street Address (P.O. Box Number is Not Acceptable)
1901 S. Congress Ave
Suite, Apt. #, Etc.
Suite 240
City
Boynton Beach
State
FL
Zip Code
33426

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Erika Riaboukha
REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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 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

Date

Daytime Phone #

10/28/02 (Su)
735-9499

CR2040 (8/02)