

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # P01000113120

1. Corporation Name

Spoonfull.Net, Inc

REINSTATEMENT 03

500026982025

01/14/04--01074--013 **750.00

2. Principal Office Address

215 5th Street

Suite, Apt. #, etc.

306

City & State

West Palm Bch, FL

Zip

33401

Country

US

3. Mailing Office Address

215 5th Street

Suite, Apt. #, etc.

306

City & State

West Palm Bch, FL

Zip

33401

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-28-2001

5. FEI Number

320007840

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

Mary Lou Farr

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

215 5th Street

Suite, Apt. #, Etc.

306

City

West Palm Bch

State
FL

Zip Code

33401

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

Mary Lou Farr

Date

1/13/2004

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	Mary L Farr	215 5th Street	West Palm Bch, FL 33401
D	Willoughby Farr	215 5th Street	West Palm Bch, FL 33401

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)(l), 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:

Mary Lou Farr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/2004

Daytime Phone #

561-803-4344