

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **002000031519**

1. Corporation Name

SPLENDOUS INC.

2. Principal Office Address

1523 WOODBRIDGE LKS CIRCLE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

Zip

FL

Country

3. Mailing Office Address

1523 WOODBRIDGE LKS CIRCLE

Suite, Apt. #, etc.

City & State

Zip

33406

Country

REINSTATEMENT 03-04

200034391612

04/28/04--01025--014 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3-18-2002

5. FEI Number

04-3617062

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

ROP

Name

ROBERT BROWN

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

105 S NARCISSUS

SE # 704

Suite, Apt. #, Etc.

City

WEST PALM BEACH

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

Robert Brown

Date

4/19/04

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
President	ROBERT J. KANE	1523 WOODBRIDGE LKS CIRCLE	WPB / FL / 33406

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:

Robert Kane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/04

Daytime Phone #

561-818-0546

CR2E081 (01/04)

Splenpoyous Inc.

To: State of Florida
From: Robert J Kane
Re: Reinstitution
Date: March 16, 2004

I am writing to clear up a misunderstanding that has caused my corporation to be 'inactive'.

Early in 2003 I sent in my \$150 payment along with the included paperwork. Unfortunately, I left the FEI number box empty. Later in 2003 I received a letter from you informing me of the error.

Your instructions at the time were to simply fill out the FEI number box and resubmit, which I did. I followed up the paperwork with your office to confirm your receipt.

It seems that the paperwork I sent made it all the way thru your system.

When I received a letter from you this week, I was surprised. I immediately called the number to inquire. The gentleman representative on the phone instructed me to fill out the enclosed reinstatement paperwork, write a letter of explanation, and include my 2004 fee of \$150.

Just to be clear you did receive my payment for 2003 in March of 2003, therefore your representative said there would be no penalty.

If there is anything else that is needed please call me on my cell at 561-818-0546.

Thank you

Robert J. Kane