

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000109989**

1. Corporation Name

LEPRECHAUNS, INC.

Principal Place of Business

9555 BLIND PASS ROAD
ST. PETE BEACH FL 33706

Mailing Address

9555 BLIND PASS ROAD
ST. PETE BEACH FL 33706



103

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

76-0716416

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	SPELLMAN, DONALD	14009 BAYSHORE DRIVE	MADEIRA BEACH FL 33708
D	MC TAGUE, MARTIN	328 LA HACIENDA	INDIAN ROCKS BEACH FL 33785
D	RAFTERY, BRIAN J	400 ISLAND WAY, #611	CLEARWATER FL 33767

800023749428

10/13/03--01063--008 **150.00

8. Name and Address of Current Registered Agent

FERNALD, GARY M
501 S. FT. HARRISON AVE.
SUITE ONE
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

DONALD SPELLMAN

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

9555 BLIND PASS RD.

Suite, Apt. #, Etc.

3

City

ST. PETE BCH

State

FL

Zip Code

33706

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 REQUIRED
DONALD SPELLMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (727) 418-3507

Daytime Phone #

CR2E040 (7/03)

10/9/03

To whom it may concern,

In following with the instructions in the notice sent to us, I am writing to explain that we DID NOT RECIEVE ANY UBR NOTICES. WE ARE IN OUR FIRST YEAR OF BUSINESS AND ANY NOTICES SENT FROM YOUR OFFICE ARE HANDLED IMMEDIATELY.

ENCLOSED YOU WILL FIND OUR FILING FEE.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT US.

Thank you.



DONALD SPELLMAN