

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 NOV 26 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110072

1. Corporation Name

SPIN CITY AMUSEMENT, INC.

Principal Place of Business

420 SOUTH DIXIE HIGHWAY
HALLANDALE FL 33009
US

Mailing Address

420 SOUTH DIXIE HIGHWAY
HALLANDALE FL 33009
US

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

2. New Principal Office Address, If Applicable

5906 Pembroke Rd

Suite, Apt. #, etc.

City & State
Hollywood FL

Zip
33023

Country
US

3. New Mailing Office Address, If Applicable

5906 Pembroke Rd

Suite, Apt. #, etc.

City & State
Hollywood FL

Zip
33023

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/2002

5. FEI Number

X 01-0748246

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	Joe Fiero	5906 Pembroke Rd Hollywood, FL 33023	Hollywood, FL 33023
Sec.	William Kent	5906 Pembroke Rd Hollywood, FL 33023	Hollywood, FL 33023

800023969868
10/21/03 01061 006 **150.00

8. Name and Address of Current Registered Agent

LONDON, MARK S ESQ.
4030-C SHERIDAN STREET
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-16-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-454-5004

CR2040 (7/03)

SPIN CITY AMUSEMENT, INC.

5906 Pembroke Road
Hollywood, FL 33023
(954) 966-8743

October 16, 2003

Division Of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327

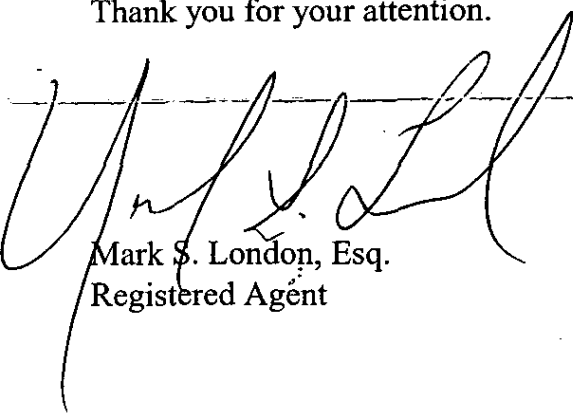
RE: Document#P02000110072

To Whom It May Concern,

Please be advised we did not receive the Annual report/Uniform Business report for 2003.
Enclosed is a check in the amount of \$150 to reinstate our Application.

Please send all future reports to the above address.

Thank you for your attention.



Mark S. London, Esq.
Registered Agent