

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 27 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2004 ANNUAL REPORT

DOCUMENT # P03000085151

1. Corporation Name

Ride The Spot, Inc.

2. Principal Office Address

3. Mailing Office Address

13242 Lake Mary Jane Rd. 13242 Lake Mary Jane Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

Zip

Country

32832 USA

Zip

Country

32832 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 4, 2003

5. FEI Number

74-3107693

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

The Company Corporation Service Company

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

P.O. 1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32314-8

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

Date

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 owner	Darin Shapiro	13242 Lake Mary Jane Rd	Orlando, FL 32832

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:

*D. Shapiro*

Darin Shapiro

9/23/04 (321) 303-9226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)