

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 21 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000116728

1. Entity Name
SPANKYCATS, INC.

Principal Place of Business
**600 OAK AVENUE
SANFORD, FL 32771**

Mailing Address
**600 OAK AVENUE
SANFORD, FL 32771**

2. Principal Place of Business
934 N University Dr #202

3. Mailing Address
934 N University Dr #202

City & State
Coral Springs FL

City & State
Coral Springs FL

02012005 REIN-P CR2E098 (6/04)

4. FEI Number
16-1686770

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOAR, LACY K
600 OAK AVENUE
SANFORD, FL 32771**

7. Name and Address of New Registered Agent
Name **Spaniak, Jodi**
Street Address (P.O. Box Number is Not Acceptable)
934 N University Dr. #202
City **Coral Springs** FL **33071**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jodi Spaniak** DATE **3/3/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

REINSTATEMENT 04-05

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOAR, LACY K 600 OAK AVENUE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Spaniak, Jodi 934 N. University Dr #202 Coral Springs FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Spaniak, Gary 934 N. University Dr #202 Coral Springs FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200049935622 04/05/05--01089--004 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Jodi Spaniak** DATE **3/3/05** DAYTIME PHONE # **954-296-6990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR