

attachment 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC - 1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 803000150672
1. Corporation Name
SPICETOPIA, INC

2. Principal Office Address - No P.O. Box #
115 ST. GEORGE ST
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
ST. AUGUSTINE FL

Zip Country
32084 N-S.A

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 07-08^{KS}

7. Name and Address of Current Registered Agent
Name
Sharyn Ferree
Street Address (P.O. Box Number is Not Acceptable)
24985 March Landing PKWY
Suite, Apt. #, Etc.
City State Zip Code
Ponte Vedra FL 32082

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Sharyn Ferree Sharyn Ferree Date 11/23/08
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
P	Joel Ferree	24985 March Landing PKWY	Ponte Vedra Bch, FL 32082
VP	SHARYN FERREE	24985 March Landing PKWY	Ponte Vedra Bch, FL 32082

900132347019
12/01/08--01071--023 **150.00
05/02/07-90086-039 #150.00

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 contained in Chapter 119, 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: Sharyn Ferree Sharyn Ferree 11/23/08 (904)2943880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Spicetopia, Inc
115 Saint George St
Saint Augustine FL, 32084
Tel (904)824 9489

November, 23, 2008
Florida Department of State
Division of Corporation

Kindly be informed that we have filed Annual report for 2007 and paid the total amount of \$150.00 and we have not received any letter regarding this file.

We have checked yesterday with one of the officer and he informed us that letter of rejection had been mailed but we have not received it

Please find attached reinstatement form with check of \$ 150.00

Thanks for your understanding and

Sharyn Ferree
Manager
spicetopia