

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000004660

1. Corporation Name

SPEEDBINDER INC

2. Principal Office Address

614 7TH AVE W

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 51405

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip  
34205

Country

USA

City & State

SARASOTA FL

Zip

34232

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/03

5. FEI Number

30-0228074

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

WALTER FRICKE

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

8230 60TH STREET CIRCLE E. #811

Suite, Apt. #, Etc.

#811

City

SARASOTA

State

FL

Zip Code

34243

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

Walter Fricke

Date

11/12/04

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
CEO	WALTER - FRICKE	8230 60TH ST CIRCLE E #811	SARASOTA, FL 34243

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:

Walter Fricke WALTER FRICKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04

Date

941-753-3900

Daytime Phone #

CR2E081 (01/04)

**SPEEDBINDER INC.  
P.O. BOX 14029  
SARASOTA, FL. 34278**

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**SIR,**

**I JUST RECEIVED NOTIFICATION THAT MY CORPORATION IS NOT REGISTERED.. THIS IS THE FIRST LETTER I RECEIVED. PLEASE REINSTATE MY CORP. I AM A SUB-CONTRACTOR AND NEED THE CORPORATION TO BE EXEMPT FROM WORKMANS COMP.**

**PLEASE HELP ME IN THIS MATTER. THANK YOU IN ADVANCE.**

**11/12/04**

**WALTER FRICKE**  
*Walter Fricke*  
**PRESIDENT  
SPEEDBINDER INC**

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