

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 04, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P04000165471

1. Corporation Name

SPOT BUSTERS, INC.

2. Principal Office Address

6750 N ST RD 7

3. Mailing Office Address

6750 N ST RD 7

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

COCONUT CREEK

City & State

COCONUT CREEK

Zip
FL

Country
33073

Zip
FL

Country
33073

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2004

5. FFL Number

65-0690151

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

CHRISTOPHER OGOZALY

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

6750 N ST RD 7

Suite, Apt. #, Etc.

#101

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Christopher Ogozaly
REGISTERED AGENT MUST SIGN

Date 9-30-06

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	CHRIS OGOZALY	6750 N ST RD 7 #101	COCONUT CREEK, FL

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:

Chris Ogozaly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-30-06

Daytime Phone #

954-590-9112