

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000044908

1. Corporation Name

No Spots, Inc.

2. Principal Office Address - No P.O. Box #
3800 N.W. 178th Street

Suite, Apt. #, etc.

City & State
Miami Gardens, Florida

Zip
33055

Country
USA

3. Mailing Office Address
3800 N.W. 178th Street

Suite, Apt. #, etc.

City & State

Zip

Country

000121108880
03/24/08--01053--008 **300.00
REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-2160379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Edric R.D. Perkins

Street Address (P.O. Box Number is Not Acceptable)
3800 N.W. 178th Street

Suite, Apt. #, Etc.

City
Miami Gardens

State
FL

Zip Code
33055

☒ 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

REGISTERED AGENT MUST SIGN

Date

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/RA	Edric R.D. Perkins	3800 N.W. 178th Street	Miami Gardens, FL 33055
VP	John Davis	3800 N.W. 178th Street	Miami Gardens, FL 33055
ST	Edricka Perkins	3800 N.W. 178th Street	Miami Gardens, FL 33055

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:

Edric R.D. Perkins
Edric R.D. Perkins

03/13/2008 786-316-7025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #