

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**00 NOV -6 PM 5:22**

**DOCUMENT # P93000071644**

1. Corporation Name

**SPICES USA, INC.**

Principal Place of Business

Mailing Address

7332 NW 79TH TERRACE  
MIAMI FL 33166  
US

7332 NW 79TH TERRACE  
MIAMI FL 33166  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/15/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0443037**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. ☐ CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LUN, EDWIN CHO FOOK	6036 NW 194TH STREET	MIAMI FL
			200003488602--E -12/06/00--01010--002 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED**  
**343 ALMERIA AVE**  
**CORAL GABLES FL 33134**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date **10/27/00**

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/27/00 3058849941**

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7332 NW 79 Terrace  
Miami, FL 33166 USA  
Website: [www.spicesusa.com](http://www.spicesusa.com)  
e-mail: [sales@spicesusa.com](mailto:sales@spicesusa.com)



October 26, 2000

Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl 32314-6327

Dear Sirs,

We at the above mentioned company has always taken steps to ensure that all our payments to The Florida Department Of State has been made and are up to date. However in this instance we did not receive any statement, and so no payments were made.

We are therefore asking your kind offices for leniency, as this non-payment to The Florida Department Of State was not will-fully done, however we will therefore arrange for payments to be made as soon as possible.

Thanks in advance.

Edwin Cho

A handwritten signature in black ink, appearing to read 'Edwin Cho'.

Manager