

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000080951**

1. Corporation Name

**SPA-TACULAR PRODUCTIONS, INC.**

Principal Place of Business

4650 S SEMORAN BOULEVARD  
STE 200  
ORLANDO FL 32822  
US

Mailing Address

4650 S SEMORAN BOULEVARD  
STE #200  
ORLANDO FL 32822  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/22/1993

5. FEI Number

59-3214726

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VD	PORCHENICK, BARBARA	2769 MYSTIC COVE DRIVE	ORLANDO FL
PSTD	PORCHENICK, BERNARD	2769 MYSTIC COVE DRIVE	ORLANDO FL
			500002044335--9 -01/03/97--01061--010 ****183.75 ****183.75
			500002044335--9 -01/03/97--01061--011 ****225.00 ****225.00

8. Name and Address of Current Registered Agent

SCHICK, BETH S  
538 E WASHINGTON ST  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Beth S. Schick* **REQUIRED**

Date

12/9/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*Bernard Porchenick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BERNARD PORCHENICK

12/06/96  
Date

407 823 7300  
Daytime Phone #

FILED

96 DEC 27 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 9600

CR2E040 (7/96)