

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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97 DEC -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000005145**

1. Corporation Name

LETTERS AND SPACES, INC.

97AR

Principal Place of Business
6635 COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address
6635 COMMERCIAL BLVD.
TAMARAC FL 33319

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/12/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0458961	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DST	KRATE, GENE	6635 COMMERCIAL BLVD.	TAMARAC FL 33319

300002369473--7
-12/11/97--01056--011
****165.00 ****165.00

A.alay
12/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GURSEY, SIDNEY
6635 COMMERCIAL BLVD.
TAMARAC FL 33319

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

Gene Krato
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Gene Krato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene KRATE 12-2-97 964 726 4800
Date Daytime Phone #

CR02040 (8/97)

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LETTERS & SPACES INC.
6635 W. Commercial Blvd. Ste. 211
TAMARAC, FLORIDA 33319

12-2-97

TO WHOM IT MAY CONCERN:

MY NAME IS GENE KRATE I AM PRES. OF LETTERS & SPACES INC.
I JUST GOT OFF THE PHONE WITH ANDY ONE OF YOUR REPS. I TOLD HIM
I NEVER RECEIVED THE FIRST NOTICE, AND JUST GOT THIS ONE.
I REALIZE IT IS MY RESPONSIBILITY TO SEND IN MY CORPORATE RETURN
WITH A CHECK. MY PROBLEM IS THAT TWO HAPPENINGS MADE ME COMPLETELY
FORGET AND I AM TRULY SORRY. THE FIRST HAPPENING WAS MY WIFE
AFTER SURGERY MY WIFE DEVELOPED A RARE BLOOD DISEASE AND I ALMOST
LOST HER. THE SECOND HAPPENING WAS AFTER TWO WEEKS BACK TO
WORK I FELL AND BROKE MY RIGHT SHOULDER. I WAS AGAIN OUT OF
WORK FOR OVER A MONTH AND A HALF. I DID NOT TRY TO DECEIVE OR
NOT PAY ANYONE I WOULD HOPE THAT YOU WOULD FIND THAT THE FEE OF
\$165.00 WOULD BE ACCEPTABLE. IF THINGS WERE NORMAL AT THE
TIME THE APPLICATION WAS DUE IT SURELY WOULD HAVE BEEN PAID.
I WOULD LIKE TO THANK YOU IN ADVANCE FOR ANY CONSIDERATION.
IF ANY MEDICAL EVIDENCE IS NECESSARY I WOULD GLADLY FURNISH IT.

SINCERELY


GENE KRATE