PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

00 MAR 17 PM 1:35

DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # P94000029786

1. Corporation Name SPELLBOUND, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

727-217-9260

9887 ST. P	4TH STREET NORTH, SUITERERSBURG, FLORIDA 33		-					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					4 Date Incorn	prated or Qualified		
2. New Priit	ncipal Office Address, If Applicable 140TH AVENUE NORTH	3. New Mailing Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 4/18/94			
Suite, Apt.	#, etc. # 1/5	Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State		City & State			59-3250 908 Not Applica		Not Applicable	
Zip Country		Zip Countr		Country	6. S8.75 Additional February CERTIFICATE OF STATUS DESIRED (1973) Certification Status		Additional Feerequired	
33762 USA								
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit	corporations must list at lea Street Address of Each				
Title(s)			Sti Oi 3 (Do NOT U			City / State / Zip		
P,D	D VICTORIA M. BLOCK		4707 140TH AVE. NORTH		H	CLEARWATER, FLORIDA 33762		
						100003195 -04/05/000 ***1200.00		
			REMST		STATE	M		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agen				
VICTORIA M. BLOCK 9887 4TH STREETS NORTH, SUITE 236-7 ST. PETERSBURG, FLORIDA 33702				Street Address (F 4707 1	VICTORIA M. BLOCK Street Address (P.O. Box Number is Not Acceptable) 4707 140TH AVENUE NORTH Suite, Apt. #, Etc. #//5			
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the ol	bligations of Secti	on 607.0505, F.S.	62	
Signature o Registered	Agent VYCATALIV	Slack EGISTERED AC	SENT MUST	SIGN		Date 3-/6-0	b	
11. Th	is corporation owes or hangible Personal Proper	as paid th ty tax due	e curre June 3	nt year 50. Yes	ио 🔯		e for information gible tax.)	
this rein	that I am an officer or director or the rece statement application, the reason for disso the corporation have been paid and the application is true and accurate, and my si	olution has been names of individ	n eliminated, t duals listed or	the corporate name satisfies this form do not qualify for	the requirements an exemption und	of section 607.0401 or 617.04	01, F.S., that all fees	

W VICTORIA M. BLOCK 3/16/00
NAME OF SIGNING OFFICER OR DIRECTOR