

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029786

1. Corporation Name

SPELLBOUND, INC.

Principal Place of Business

10901 ROOSEVELT BLVD.  
SUITE 200 A  
SAINT PETERSBURG FL 33716  
US

Mailing Address

10901 ROOSEVELT BLVD.  
SUITE 200 A  
SAINT PETERSBURG FL 33716  
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

04/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3250908

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BLOCK, VICTORIA M	8468 TALLAHASSEE DR., N.E.	SAINT PETERSBURG FL 33716

800008572868  
10/24/02-01088-005 \*\*150.00

*Block* 10/17/02

8. Name and Address of Current Registered Agent

BLOCK, VICTORIA M  
4707 140TH AVENUE NORTH, #115  
CLEARWATER FL 33762

9. Name and Address of New Registered Agent

Name

Block, VICTORIA M.

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

8468 Tallahassee DR. NE

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Victoria M Block* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/17/02

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:

*Victoria M Block* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/02

Daytime Phone

727-433-3270

CR2E040 (8-02)



October 23, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it Concerns:

Please find the enclosed reinstatement form for Spellbound, Inc., #59-3250908 with check # 2715 in the amount of \$150.00. We have no record of receiving previous UBR notices during the last months. The address of the Registered Agent, Victoria M. Block was previously changed, however, the form received does not reflect it. Please note the change of address on the enclosed reinstatement form.

Sincerely,

A handwritten signature in black ink, appearing to read 'Victoria M. Block', with a long horizontal line extending to the right.

Victoria M. Block  
President, Spellbound, Inc.

VB/BC