

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 OCT 30 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033942**

1. Corporation Name

**INSTA-SPECS, INC.**

Principal Place of Business

3701 BOCA POINTE DR.  
SARASOTA FL 34237

Mailing Address

3701 BOCA POINTE DR.  
SARASOTA FL 34237



REINSTATEMENT

97

10/30

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.		05/04/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0508008	
				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
P	KAPLAN, MARVIN	3701 BOCA POINTE DRIVE	SARASOTA FL 34238
ST	PARKER, JACOB	13 MAPLEWOOD LANE	EAST HILLS NY 11576

7000002337007--8  
-11/03/97--01161--007  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

KAPLAN, MARVIN W  
3701 BOCA POINTE DRIVE  
SARASOTA FL 34238

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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

REGISTERED AGENT MUST SIGN

Date 10/25/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/97 941-924-0861  
Date Daytime Phone #