

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR -7 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054898**

1. Corporation Name

**FUTONS 4 LESS, INC.**

Principal Place of Business

Mailing Address

1321 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701  
US

1321 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701  
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

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/1994

5. FEI Number

59-3258982

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SPAYTH, LARRY	794 BIRGHAM PLACE	LAKE MARY FL 32746
V	SPAYTH, DIXIE	794 BIRGHAM PLACE	LAKE MARY FL 32746
S	SPAYTH, LARRY LEO	794 BIRGHAM PLACE	LAKE MARY FL 32746
T	SPAYTH, DAVID	794 BIRGHAM PLACE	LAKE MARY FL 32746
			600003169556--6 -03/14/00--01108--027 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

SPAYTH  
SPAYTH, LARRY  
794 BIRGHAM PLACE  
LAKE MARY FL 32746

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

**SIGNATURE REQUIRED**

Date **3-1-00**

REGISTERED AGENT MUST SIGN

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:

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

Date

Daytime Phone #

LAWRENCE L SPAYTH

**3-1-00**

**407-331-9469**

**KE**

CR2E040 (8/99)