

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 4:50

DOCUMENT # P95000042822

1. Corporation Name

SPIELMAN ENTERPRISES, INC.

Principal Place of Business

7960 L'AQUILA WAY
DELRAY BEACH FL 33440
US

Mailing Address

1144 HOOPER AVE. STE 302
TOMS RIVER NJ 08753



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1970 NE 118th Road

City & State
N. MIAMI FL

Zip
33181 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1995

5. FEI Number

22-3436070

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
DP	SPIELMAN, GERALD	7960 L'AQUILA WAY	DELRAY BEACH FL 33440
			400003463774-0 -11/15/00-01025-012 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SPIELMAN, GERALD
7960 L'AQUILA WAY
DELRAY BEACH FL 33440

9. Name and Address of New Registered Agent

Name

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

1970 NE 118th Road

Suite, Apt. #, Etc.

City

N. Miami

State

FL

Zip Code

33181

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 10/26/00

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:

Gerald Spielman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

Daytime Phone #

AD