

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 OCT 11 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000058697

1. Corporation Name

SPANKY'S, INC.

REINSTATEMENT 99-01

2. Principal Office Address

590 Royal Palm Beach Blvd.

Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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-10/24/01--01004--002

***1050.00 ***1050.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/28/95

5. FEI Number

65-0598528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert D. Jones, Esq.

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

590 Royal Palm Beach Boulevard

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert D. Jones

REGISTERED AGENT MUST SIGN

Date

10/9/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Anthony S. Simons	75 East Indiantown Road Suite 805	Jupiter, FL 33477
S/T/D	John Sanger	229 Saratoga Lakes Blvd. East	Royal Palm Beach, FL 33411
			spayse 10/18/01

10. 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

Date

10/5/01

Daytime Phone #