

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066052

1. Corporation Name

VICKI SPITZER & ASSOCIATES, INC.

Principal Place of Business

1243 N ADAMS ST  
TALLAHASSEE FL 32301

Mailing Address

1243 N ADAMS ST  
TALLAHASSEE FL 32301

32303

32303

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1996

5. FEI Number

59-3393173

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SPITZER, VICKI	1243 N ADAMS ST	TALLAHASSEE FL 32303
			000004691510--4 -11/21/01--01087--006 ****150.00 ****150.00
			Pen the supervisor - waive the penalty cost as we have not received this till now. Call of problems 222-2628

8. Name and Address of Current Registered Agent

STERNSTEIN, GERALD B ESQ.  
C/O RUDEN, MCCLOSKEY, SMITH & RUSSELL, P.A.  
215 S. MONROE STREET, SUITE 815  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

Vicki Spitzer

REGISTERED AGENT MUST SIGN

Date 10/24/01

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:

Vicki Spitzer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/01

222-2628  
Daytime Phone #