

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT *02*



900009345639

12/04/02--01029--015 \*\*750.00

DOCUMENT # P97000008653

1. Corporation Name

FULL COUNT BASEBALL CARD COMPANY

Principal Place of Business

450 SYCAMORE AVENUE  
SHRESBURY NJ 07702

Mailing Address

450 SYCAMORE AVENUE  
SHRESBURY NJ 07702

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

01/28/1997

5. FEI Number

65-0729672

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
D	SPENCER, JOHN A	450 SYCAMORE AVENUE	SHRESBURY NJ 07702
D	SPENCER, HELEN BORDEN	450 SYCAMORE AVENUE	SHRESBURY NJ 07702

8. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
SUITE 1  
STUART FL 34994

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lawrence E. Crary*  
REGISTERED AGENT MUST SIGN

Date November 15, 2002

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:

*John A. Spencer*  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02 (732) 842-7633