

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 22 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000013661

1. Corporation Name

AMFIT SPICES, INC.

2. Principal Office Address

1951 N.W. 32d Street

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

Zip

33309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1997

5. FEI Number

593427570

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

PAUL CAMP LANE, Attorney

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

5301 CONROY ROAD

Suite, Apt. #, Etc.

Suite 140

City

ORLANDO

State
FL

Zip Code

32811

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

Paul Camp Lane

Date

05/16/2003

REGISTERED AGENT MUST SIGN

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
D, P	STANISLAW GURBISZ	1951 N.W. 32d Street OAKLAND PARK, FL 33309 →	
D, S, T	ALINA GURBISZ	1951 N.W. 32d Street OAKLAND PARK, FL 33309 →	

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

STANISLAW GURBISZ, Director 5/16/03 (407) 316-0343

Date

Daytime Phone #

CR2E081 (10/02)