

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 NOV 13 PM 3:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000082406

1. Corporation Name

MCSPADDEN INTERESTS, INC.

Principal Place of Business

1878 S.W. 24TH AVENUE FT LAUDERDALE FL 33312

Mailing Address

1878 S.W. 24TH AVENUE FT LAUDERDALE FL 33312



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0791301

Applied For Not Applicable

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include BRUMBERG, J B and BRUMBERG, DOROTHY.

000008947900 11/13/02--01016--014 \*\*150.00

8. Name and Address of Current Registered Agent

ADMIN CORP 415 S FEDERAL HIGHWAY DANIA FL 33004

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

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

REGISTERED AGENT MUST SIGN

Date

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.

BENJAMIN BRUMBERG

SIGNATURE:

Handwritten signature of Benjamin Brumberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date

Daytime Phone #

CR2EDAC (8/02)



Kofsky, Coury & Associates, PA

CERTIFIED PUBLIC ACCOUNTANTS

October 30, 2002

Florida Department of State  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: McSpadden Interests, Inc.  
Doc #: P97000082406  
Annual Report

Our client received notice of reinstatement for the above named Corporation.  
Our client has been very ill, and has been out of town at various times due to this.

We have enclosed a check in the amount of \$150.00 along with the application for reinstatement. Please reinstate the Corporation. We will be sure this does not happen again.

We request you abate all penalties due to just cause. Thank you for your attention in this matter. If you have any further questions, please give us a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Alan Kofsky', written over a horizontal line.

David Alan Kofsky  
Certified Public Accountant

Enclosures: Application for reinstatement  
Check in amount of \$150.00

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