

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 26 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000018591

1. Corporation Name

SPOOKEE CUSTOM CYCLES INC
4585 S TRENT TER
HOMOSASSA, FL 34446

2. Principal Office Address

4585 S TRENT TER

Suite, Apt. #, etc.

City & State
HOMOSASSA, FL

Zip
34446

Country
USA

3. Mailing Office Address

4585 S TRENT TER

Suite, Apt. #, etc.

City & State
HOMOSASSA, FL

Zip
34446

Country
USA

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

MARCH 20, 1998

5. FEI Number

59-3496438

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

CLAIRE A TITUS

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

4 NE THIRD STREET

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State
FL

Zip Code
34429

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

Claire A. Titus
REGISTERED AGENT MUST SIGN

Date 9-22-00

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/SEC	KEN P. BLACKMAN	4585 S TRENT TER	HOMOSASSA, FL 34446
VP/TR	DEBBIE BLACKMAN	4585 S TRENT TER	HOMOSASSA, FL 34446

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:

Debbie Blackman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-22-00 352-302-6181

Daytime Phone #

252

C.A.T. OF CITRUS COUNTY INC
D/B/A JAYCEE ENTERPRISES
4 NE THIRD ST
CRYSTAL RIVER FL 34429

TEL; 352-795-6652 FAX; 352-795-3589

September 22, 2000

Florida Department of Stat
Division of Corporations
P.O. Box 6327
Tallahassee Fl 32314

SPOOKEE CUSTOM CYCLES, INC.
P 9800001859 (Document No)
FED EIN 59-3496438

Dear Sirs:

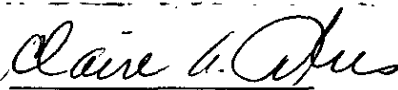
With reference to the above captioned, please find completed Corporation Reinstatement Form also check No. 2210 in the amount of \$300.00.

We respectfully request the waiver of any fees or penalties. The officers of this corporation never received the "Registration Form" or any notification for the year 1999 or 2000.

A new Registered Agent has been appointed and hopefully timely register filing will prevail.

Trusting the above request will be granted and all fees and penalties will be waived.

Thanking you in advance for a favorable reply,


Claire A Titus
JAYCEE ENTERPRISES