

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000060753

1 Corporation Name

JAMES SPEISER AND SONS, INC.

Principal Place of Business

Mailing Address

12300 Alternate A1A
Suite 209
Palm Beach Gardens, FL 33410

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

2. New Principal Office Address, If Applicable

509 1/2 Duval Street West
Suite, Apt. #, etc. 33040

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

509 1/2 Duval Street West
Suite, Apt. #, etc. 33040

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1998

5. FEI Number

65-0847813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, T, D	James Speiser	509 1/2 Duval St	Key West FL 33040
			400003058954--9 -12/02/99--01056--023 ****750.00 ****750.00

REINSTATEMENT 99 1178

8. Name and Address of Current Registered Agent

James Speiser
12300 Alternate A1A, Suite 209
Palm Beach Gardens, Florida 33410

9. Name and Address of New Registered Agent

Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia Street, Suite 1
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

Werner Lopez for Capital Connection
REGISTERED AGENT MUST SIGN

Date 11/19/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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.

JAMES SPEISER AND SONS, INC.

SIGNATURE:

James Speiser
by James Speiser
Its: President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99

Date

Daytime Phone #

CR208 (12/99)