

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

APPROVED  
AND  
FILED

*Digital 2*

00 OCT 16 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT *2000UBR*  
DOCUMENT # P98000070206

1. Corporation Name  
IN THE SPOTLIGHT, INC.

Principal Place of Business  
1485 SOUTHWEST 151 AVENUE  
PEMBROKE PINES FL 33027

Mailing Address  
1485 SOUTHWEST 151 AVENUE  
PEMBROKE PINES FL 33027

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 08/12/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	RAWLINGS, MICHELLE F	1485 SOUTHWEST 151 AVENUE	PEMBROKE PINES FL 33027
VD	RAWLINGS, GUY JR	1485 SOUTHWEST 151 AVENUE	PEMBROKE PINES FL 33027

700003446827--5  
-11/01/00--01051--003  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *[Signature]* **SIGNATURE REQUIRED** Date *10-12-00*  
REGISTERED AGENT MUST SIGN

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: *[Signature]* **SIGNATURE REQUIRED** *10-12-00* *934-432-*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *5333*

2022

***In The Spotlight, Inc.***

***1485 S.W. 151 Ave. Pembroke Pines, FL 33027***

***(954) 432-5333***

***(954) 432-9903 fax***

Florida Department of State  
Annual Report Filings Division of Corporations  
P.O. Box 15000  
Tallahassee, FL 32302-1500

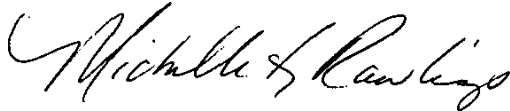
October 12, 2000

To Whom It May Concern:

I received a letter of dissolution for In The Spotlight Inc., however I had never received prior notice to this effect. Per a conversation with one of your representatives, I am including a payment of \$150.00 for the proper filing.

Thank you for your consideration.

Sincerely,



Michelle Fizer Rawlings  
President/CEO