

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 25 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097053

**1. Corporation Name**

SPAL, INC.  
1125 RIVER BIRCH STREET  
HOLLYWOOD, FL 33019

**2. Principal Office Address**

1125 RIVER BIRCH STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

-SAME-

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

Zip

33019

Country

USA

Country

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

11/16/1998

**5. FEI Number**

65-0885946

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

ZAGATTI, LUCA

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

1125 RIVER BIRCH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD,

State

FL

Zip Code

33019

**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

REGISTERED AGENT MUST SIGN

Date

03/22/02

**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/D	ZAGATTI, LUCA	1125 RIVER BIRCH STREET	HOLLYWOOD/FL/33019

**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

Date

Daytime Phone #

Luca Zagatti, President 03/04/02 305 790 1787

CR2ED81 (9/01)