

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000000994**

1. Corporation Name

3SPATZ.COM, INC.

Principal Place of Business

Mailing Address

1330 W. GOLFVIEW DR.
PEMBROKE PINES FL 33026

1330 W. GOLFVIEW DR.
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

473 SE 14 ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

City & State

Zip **33004**

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

65-0888977

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SPATZ, BARRY	1330 W. GOLFVIEW DR.	PEMBROKE PINES FL 33026
D	SPATZ, JOSHUA	1330 W. GOLFVIEW DR	PEMBROKE PINES FL 33026

900024387539
11/08/03--01093--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPATZ, BARRY
1330 W. GOLFVIEW DR.
PEMBROKE PINES FL 33026

Name

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

473 SE 14 ST

Suite, Apt. #, Etc.

City

DANIA BEACH

State

FL

Zip Code

33004

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

SIGNATURE REQUIRED

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/03

Daytime Phone #

CR2E040 (7/03)

BSPATZ.COM, INC.
473 S.E. 14 STREET
DANIA, FL 33004

TELE: 954-923-5312

October 27, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attention: Reinstatement

To Whom It May Concern:

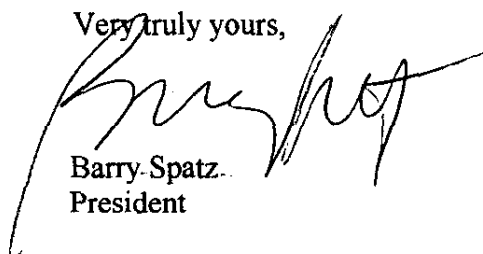
Please accept this check in the amount of \$150.00 for full payment for the 2003 Uniform Business Report.

We did not receive previous notices for filing the UBR until finally receiving the Notice of Administrative Dissolution. We moved from our long term address.

Previously, we had always filed on time.

Please call me if you have any further questions or need any other clarifications.

Very truly yours,

A handwritten signature in black ink, appearing to read "Barry Spatz", written over a horizontal line.

Barry Spatz
President