

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2003

DOCUMENT # P99000002737

1. Corporation Name

G. Spadaccini Enterprises, Inc.

Mailing Address

1660 N. Powerline Rd.
Pompano Beach, FL 33069

Principal Place of Business

SAME

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable
1660 N. Powerline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach, FL

Zip

Country

Zip

33069

Country
USA

REINSTATEMENT 2003
10/16/03 01052 00387500

4. Date Incorporated or Qualified
To Do Business in Florida
1/11/1999

5. FEI Number

65-0884769

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)

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
PD	George M. Spadaccini	1660 N. Powerline Rd.	Pompano Bch. FL 33069

8. Name and Address of Current Registered Agent

Spadaccini, George M.
1660 N. Powerline Rd.
Pompano Beach, FL 33069

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

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

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 #

George M. Spadaccini 10/20/03

9524520-1688