

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

00 OCT 17 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078504

1. Corporation Name

SPENCER NORRIS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2758 W ATLANTIC BLVD
POMPANO BEACH FL 33069

2758 W ATLANTIC BLVD
POMPANO BEACH FL 33069

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

09/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0944758

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILLIAMS, VERNON	2758 W ATLANTIC BLVD	POMPANO BEACH FL 33069

200003441552--9
-10/27/00--01012--005
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, VERNON
2758 W ATLANTIC BLVD
POMPANO BEACH FL 33069

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

VERNON WILLIAMS
SIGNATURE REQUIRED

Date 10-11-00

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: VERNON WILLIAMS 10-11-00 954-984-590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**SpencerNorris
international**

200

October 11, 2000

**Department Of State
Division of Corporations
409 E. Gains St.
Tallahassee, FL 32399**

RE: Dissolution of Spencer & Norris International Inc.

To whom it may concern:

We are writing this letter in response to your notice of dissolution or revocation, We did not receive a renewal form for the year 2000 and request that your office waive the late fees associated with such a renewal. Being a fairly new corporation we where not aware of the renewal time frame. Please seriously consider our request.

Please feel free to contact me at any time 800-721-2359.

Sincerely

Vernon Williams