

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:48

DOCUMENT # **P99000088636**

1. Corporation Name

**SPERLING MARKETING, INC.**

Principal Place of Business

1167 HILLSBORO MILE #516  
HILLSBORO BEACH FL 33062

Mailing Address

1167 HILLSBORO MILE #516  
HILLSBORO BEACH FL 33062



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

~~1432 NW 1st Ave~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

~~St. Lauderdale FL~~

City & State

Zip

~~33309~~

Country

~~USA~~

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06/1999

5. FEI Number

65-0963665

☒ 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	4 City / State / Zip
Pres	Seymour Sperling	1167 Hillsboro Mile	Hillsboro Beach FL 33062
Secy	Charlotte Luback	1432 NW 1 Ave	St. Lauderdale FL 33309

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-11/15/00--01100--009

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SPERLING, SEYMOUR  
1167 HILLSBORO MILE #516  
HILLSBORO BEACH FL 33062

9. Name and Address of New Registered Agent

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

*[Signature]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/20/00

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00 954-571-9206

Daytime Phone #