

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V35275

1. Corporation Name

SPA CITY, INC.

Principal Place of Business

130 STATE ROAD 84
FORT LAUDERDALE FL 33315

Mailing Address

P.O. BOX 5858
LIGHTHOUSE POINT FL 33074-5858

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

9600

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1992

5. FEI Number

65-0518882

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
PSD	STOVALL, PAUL	130 STATE ROAD 84	FORT LAUDERDALE FL 33315
VD	STOVALL, JON C	P.O. BOX 5858 N/A	LIGHTHOUSE POINT FL 33074

300002046223--7
01/06/97 01004 007
***375.00 ***375.00

8. Name and Address of Current Registered Agent

CHOSID, RICHARD
3511 W. COMMERCIAL
SUITE 222
FT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

1901 W. Cypress Creek Rd.

Suite, Apt. #, Etc.

Suite 406

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

Richard Chosid

REGISTERED AGENT MUST SIGN

Richard Chosid Esq.

Date 12/15/96

11. 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.)

12. 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:

J. C. Stovall
J. C. STOVALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/96 954 421 6920
Date Daytime Phone #

CR20040 (7/96)