

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 27 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65038**

1. Corporation Name

Spy Shop of America, INC

100003263361--1
-05/23/00--01039--024
***1358.75 ***1358.75

2. Principal Office Address

1035 N. STAR Ave

3. Mailing Office Address

1035 N. STAR Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Panama City FL

Zip

Country

32404

USA

Zip

Country

32404

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/92

5. FEI Number

59-3431312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Randall DVORAN

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

1035 N. STAR Ave

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Randall F. Dvoran

Date

4/25/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Randall F. DVORAN	1035 N. STAR Ave	Panama City FL
V.P.	Ellihan DVORAN	1035 N. STAR Ave	Panama City FL
TREAS.	Robert DVORAN	1035 N. STAR Ave	Panama City FL
			LS

10. 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:

Randall F. Dvoran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall F. DVORAN PRES.

Date

4/25/00

Daytime Phone #

850-874-2500

CR2001 (3/99)