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
99 FEB 17 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23044

1 Corporation Name: Stinson and Associates, Inc.

Principal Place of Business:
1310 N.E. 201 Terrace
N. Miami Beach, FL
33179

Mailing Address:
SAME

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

2. New Principal Office Address, If Applicable: 1310 N.E. 201 Terrace
Suite, Apt. #, etc.:
City & State: N. Miami Beach, FL
Zip: 33179 Country:

3. New Mailing Office Address, If Applicable:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/84

5. FEI Number: 59-2661737 ☐ Applied For ☐ Not Applicable

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
P/D S/T	Edwin B. Stinson	1310 N.E. 201 Terrace	N. Miami Beach, FL 33179

REINSTATEMENT 98-99

000027800883--7
-02/19/99--01055--026
****750.00 ****750.00

000027800882--1
-02/19/99--01055--025
****158.75 ****158.75

8. Name and Address of Current Registered Agent

Edwin B. Stinson
1310 N.E. 201 Terrace
N. Miami Beach, FL 33179

9. Name and Address of New Registered Agent

Name: Pedro A. Cofino, P.A.
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
Suite, Apt. # Etc.: Suite 2B
City: Miami Beach State: FL Zip Code: 33139

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: 1/6/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: X Edwin B. Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/6/99

Daytime Phone #