PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020533

1. Corporation Name

STUNTS, INC.

Principal Place of Business	Mailing Address
3950 WHARLBOATWAY WEST PALM BEACH FL 33414	3950 WHARLBOATWAY WEST PALM BEACH FL 33414

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

REINSTATEMENT 07

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3950 WHALE BOATWAY Suite, Apt. #, etc.	3950 WHALE BOATWAY Suite, Apt. #, etc.
City & State WELLINGTON FLORIDA	City & State WELLINGTON, FLA.
Zip 33414 / Country	Zip 33414 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/2001

5. FEI Number: 65-1088021 ☐ 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
D	FERRARA, FRANK	3950 WHALE BOAT WAY	WELLINGTON FL 33414

600023869886
10/21/03--01061--008 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARRISH, BRUCE W JR 105 S NARCISSUS AVE, STE 412 W PALM BEACH FL 33401	Name: FRANK FERRARA Street Address (P.O. Box Number is Not Acceptable): 3950 WHALE BOATWAY Suite, Apt. #, Etc.: City: WELLINGTON, State: FL Zip Code: 33414

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Frank Ferrara Date: 10/17/03
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: SIGNATURE REQUIRED Frank Ferrara FRANK FERRARA 10/17/03 (561)333-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stunts Inc.
3950 Whaleboat Way
Wellington, Florida 33414
October 17, 2003

To Whom It May Concern:

I just received a Dissolution Notice for my Corporation "Stunts Inc."I never received an annual report, it seems it was sent to the wrong address (WharlBoatWay) My address is 3950 Whaleboat Way Wellington, Florida 33414. can you please correct the address in your records. I am submitting a check for the amount of $ 150.00. If there is any questions, please call me at (561) 333-4811

Thank you

Frank Ferrara