

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glennda 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.

2. New Principal Office Address, If Applicable

3950 WHARLBOATWAY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3950 WHARLBOATWAY
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2001

5. FEI Number

65-1088021

Applied For

Not Applicable

City & State

WELLINGTON FLORIDA

City & State

WELLINGTON, FLA.

Zip

33414

Country

Zip

33414

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERRARA, FRANK	3950 WHALE BOAT WAY	WELLINGTON FL 33414

600023969896
10/21/03--01061--008 **150.00

8. Name and Address of Current Registered Agent

PARRISH, BRUCE W JR
105 S NARCISSUS AVE, STE 412
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

FRANK FERRARA

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

3950 WHARLBOATWAY

Suite, Apt. #, Etc.

City

WELLINGTON,

State

FL

Zip Code

33414

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

Frank Ferrara
REGISTERED AGENT MUST SIGN

Date 10/17/03

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:

Frank Ferrara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

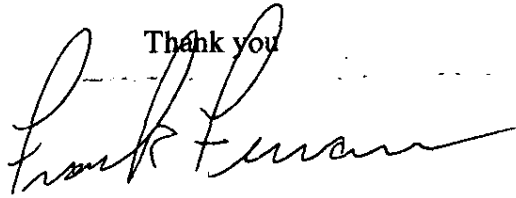
(561)333-4811
Date Daytime Phone #

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

A handwritten signature in black ink, appearing to read "Frank Ferrara", written over a horizontal line.

Frank Ferrara