2004 FOR PROFIT COLUMN ATION REINSTATEMENT

REINSTATEMEN								FILED .			
DOCUI 1. Entity Name STM SER				SECRE DIVISION O4 NO	FILED STARY OF STOF CORPOR	ATIONS 3: 20		·			
Principal Place											
2263 SW 661 Davie, FL 33		2263 SW 66TH TERRAC DAVIE, FL 33317 U				£ 6	RENN EUR NAFEL N'AUT Va r	d 32733 est 812	I tidd i tidtu bir	60 1.0 (20)	
2. Principal Pl	lace of Busin	ess	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt, #, etc.	· · · · · · · · · · · · · · · · · · ·			11012004	REIN-P	CR2EC	98 (6/04)	 -
City & State			City & State				4. FEI Number	58293		No	Applicable
Zip	Country		Zip	Zip Coun			5. Certificate o	Status Desired		8.75 Add ee Required	
		Name		7. Name and A	ddress of New F	egistered A	gent				
HAUSKINS, STEVEN 2263 SW 66TH TERRACE DAVIE, FL 33317						Address (P.O. Box Number is Not Acceptable)					
·		City				*******	FL	Zip Coae	,		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepted obligations of registered agent.										and accept	
SIGNATURE Signature, typed or printed name of registroyld agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00											
10.	,	OFFICERS A	ND DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	ICERS AND	DIRECTORS	3 IN 11
TITLE	P	.a. att. (54)	☐ Delete	TITL	- i			•		Change	Addition
name Street Address City-St-Zip	1	IS, STEVEN 66TH TERRACE L 33317				51	24/04	90009	030	15	0.00
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City-St-ZIP	}		F1_	-	(-ST-ZIP						
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TITLE NAME			☐ Delete	TITE MAN	1					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		•	A/I	STR	EET ADDRESS F-ST-ZIP	•					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is tyle and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an affachment with an appears, with all other like empowered.											
SIGNATURE:											-

11/15 00

Florida Department of State Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

1 November 2004

To Whom It May Concern,

Attached is a replacement form for the 2004 FOR PROFIT CORPORATION REINSTATEMENT. The original form was submitted in May 2004, along with a check for the fee in the amount of \$150.00 Recently, I received a card stating that my corporation was dissolved in September. I telephoned the DIVISION OF CORPORATIONS today, inquiring why I had to refile as well as pay a penalty. I was informed about a letter which I was suppose to have received informing me that my FIN number had been left off of my original application. I deny receiving this letter. Perhaps the US Post office failed to deliver the letter or it simply got lost. I am hopeful, that after consideration on your behalf, the status of STM Service Center, Inc. will be brought to ACTIVE status.

Respectfully,

Stephen Hauskins, RA STM Service Center, Inc.