

CORPORATION
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

462153

FILED

2020 AUG 24 P 3 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 462153

Corporation Name

arding Investments, Inc.

Principal Office Address - No P.O. Box #

105 Vista Parkway

, Apt #, etc

Suite 210

& State

West Palm Beach, FL

Country
USA

411

3. Mailing Office Address

PO Box 1999

Suite, Apt #, etc

City & State

Jupiter, Florida

Zip

33467

Country

USA

300354198003
10/23/20--01022--004 **1800.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

-4/1/1998 10/28/74

5. FEI Number

59-1582306

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

ie

Derrevere Stevens Black & Cozad

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

105 Vista Parkway

, Apt #, Etc

Suite 210

West Palm Beach

State
FLZip Code
334112013-2020
Reinst.DC
10-14-20

8/24

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
REGISTERED AGENT MUST SIGN

Date 8/20/2020

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

s	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Michael B. Stevens	PO Box 1999	Jupiter, Florida 33467
P	Theodore A. Stevens	PO Box 1999	Jupiter, Florida 33467
	Carol Penson-Stevens	PO Box 1999	Jupiter, Florida 33467
	Henry Stevens	PO Box 1999	Jupiter, Florida 33467

Email Address: michael@stevenslimited.com

(To be used for future annual report notification)

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 statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees due by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 SIGNATURE: Michael Stevens President 8/20/2020 617-352-2037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #