

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

96 DEC 11 AM 11:54

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 530689

1 Corporation Name

JOE - STEPH CORPORATION 23016 S.R. 54 LUTZ, FL. 33549

Mailing Address

Principal Place of Business

23016 S.R. 54 LUTZ, FL. 33549

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

REINSTATEMENT

AD 95-96

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable

3 New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 04/04/1977

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number 59-1733429

Applied For Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for JOSEPH N. SOTTINI.

800002027468--6 -12/12/96--01076--001 ***575.00 ***575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSEPH N. SOTTINI 23016 S.R. 54 LUTZ, FL. 33549

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

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

Handwritten signature of Joseph N. Sottini

REGISTERED AGENT MUST SIGN

Date 12/5/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes...

SIGNATURE: JOSEPH N. SOTTINI, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/5/96

(813)909-9100

Daytime Phone #

CR2040 6 911