

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 541789

1. Corporation Name

S.T.S., INC.

Principal Place of Business

6523 N BLACK CANYON HWY
STE 100
PHOENIX AZ 85015
US

Mailing Address

6523 N BLACK CANYON HWY
STE 100
PHOENIX AZ 85015
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1977

5. FEI Number

59-1752192

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|----------------|---|--|----------------------------------|
| VPD | NIELSEN, STEVEN | 4440 PGA BOULEVARD, SUITE 600 | PALM BEACH GARDENS FL |
| P | BRADLEY, DANIEL | 6523 N. BLACK CANYON HWY | PHOENIX AZ 85015 |
| S | TILLER, MARC | 4440 PGA BOULEVARD, SUITE 600 | PALM BEACH GARDENS FL |
| VPD | PLEDGER, THOMAS R | 4440 PGA BOULEVARD, SUITE 600 | PALM BEACH GARDENS FL |
| D | ADAMS, LOUIS W J | 4440 PGA BOULEVARD, SUITE 600 | PALM BEACH GARDENS FL |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

9. Name and Address of New Registered Agent

0000004641640--0
-10/18/01--01050--001
****7501 State FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-15-01

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:

Daniel Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL BRADLEY

Date

Daytime Phone #

10/12/01 602-242-9294

FILED

01 OCT 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01 18

CR2E040 (8/01)