


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

108

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 NOV 21 PM 3:28

DOCUMENT # **545985**

1. Corporation Name
THE ROBERT STEFANI CO. INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 920 E. INLET DR. MARCO ISLAND FL 33937 | 920 E. INLET DR. MARCO ISLAND FL 33937 |



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

| | |
|--|--|
| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 09/23/1977 |
| 5. FEI Number | 59-1769600 |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | |
|---|-------------------------------------|--|-----------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| PTD | FETTERHOFF, JOHN W. | 920 E. INLET DR. | MARCO ISLAND FL |
| SD | FETTERHOFF, RUTH V. | 920 E. INLET DR. | MARCO ISLAND FL |
| D | RUSHTON, NANCY D | 920 INLET DR | MARCO ISLAND FL 34145 |
| VPD | O'NEILL, STEFANI L O'Neill | 920 INLET DR | MARCO ISLAND FL 34145 |
| D | O'NEILL, RORY M | 920 INLET DR | MARCO ISLAND FL 34145 |

8. Name and Address of Current Registered Agent

SCUJERI, SALVATORE ESQ.
 601 ELKCAM CIRCLE
 MARCO ISLAND FL 33937

9. Name and Address of New Registered Agent

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.

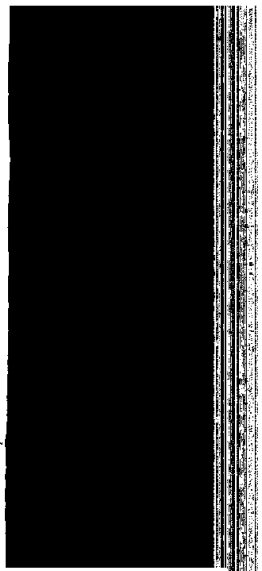
Signature of Registered Agent _____ Date 10/12/09

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: Stefani O'Neill v.p. 10/16/09 941-394-2341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Fetterhoff Custom Homes

920 E. Inlet Dr.
Marco Island, FL.

November 16, 2001

To whom it may concern,

This letter is to inform you that the Notice Of Administrative Dissolution Or Revocation was delivered by mail to us yesterday which was October 15, 2001.

I was concerned and called your office this morning and was advised to explain this in letter form and send a check for \$150. I was made aware at this time that we should have received 2 prior notices which we did not receive.

We can be reached at 941-394-2341 during normal working hours or by mail at the above address.

Also, please change the spelling of Stefani O'Heill to Stefani O'Neill.

Thank you,

Stefani O'Neill

Fetterhoff Custom Homes

Stefani O'Neill