


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	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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 # \_\_\_\_\_

CREC040 (8/07)

**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