

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

01 APR 11 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 610573

1. Corporation Name

STANLEY STEEMER OF PINELLAS CO. INC.

2. Principal Office Address

360 POSSUM PATH

3. Mailing Office Address

P.O. BOX 30373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVER RANCH FL.

City & State

RIVER RANCH FL 33867

Zip

33867

Country

POLK

Zip

33867

Country

POLK

4. Date Incorporated or Qualified To Do Business in Florida 1979

5. FEI Number

59-1890765

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

Name

BARBARA R. MANSPERGER

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

360 POSSUM PATH

Suite, Apt. #, Etc.

City

RIVER RANCH

State

FL

Zip Code

33867

8. I, 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

Barbara Mansperger
REGISTERED AGENT MUST SIGN

Date

4-2-2001

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------|-----------------------------------|--|----------------------|
| PRESIDENT | OTTO E. MANSPERGER | P.O. BOX 30373 | RIVER RANCH FL 33867 |
| SECRETARY | BARBARA R. MANSPERGER | P.O. BOX 30373 | RIVER RANCH FL 33867 |
| TREASURER | | | |
| | | | |
| | | | |
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10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-2-2001 863-692-1066

Daytime Phone #

CR2E081 (9/00)

April 6, 2001

Per above telephone conversation with Michelle Milligan we enclosed a copy of form filled out for 1999 & form for 2000 plus check for \$150⁰⁰ per your request. We did not receive a rejection on the 1999 form and therefore assumed everything was in order.

Thank You.
% Barbara Manopuzo Lesper.
STANLEY STEINER OF
PINEBROS, INC.