PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 NOV 13 PM 2:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **DOCUMENT # 760879**

1. Corporation Name							PEINSTATEMENTO2-07		
STUART EXECUTIVE COURT ASSOCIATION, INC.							200112235992 11/13/0701054003 **542.50		
2. Principal Office Address - No P.O. Box # 211				Mailing Office Address 110 SE RAYS WAY			AM W-15 CR2E081 (1/07)		
Suite. Apt. #, etc.			Suite, Apt. #, etc.					orated or Qualified ness in Florida	
City & State STUART, FL			STUART, FL				59-2813		
3499 <sup>4</sup>	4	Country USA	<sup>Zip</sup> 34994		USA		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent									
dlen Hughes							The reinstatement fee is imposed, except in circumstances which the entity did not receive		
27110 SE Rays Way						the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc.									
Ŝtuar	Stuart State State State State State FL 3499						_ iso so waived.		
8. I, being appointed the registered eigent 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  REGISTERED AGENT MUST SIGN  Date									
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		
PD	Rusty Landgren			428 Akron Ave Ste 7A		te 7A	Stuart, FI 34994		
TD	Glen Hughes			2110 SE Rays Way			у	Stuart, FI 34994	
SD	Tracy Wilson			428 Akron Ave Ste 2B			e 2B	Stuart, FI 34994	
D	Susai	n Dimbath	428 Akron Ave Ste 4B			e 4B	Stuart, FI 34994		
D	Gail McCallum				556 SW Halpatiokee St			Stuart, FI 34994	
D	Jim van Voorheis				428 Akron Ave Ste 6A Stuart,			Stuart, FL 34994	

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 filling 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 contained in Chapter 119, 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:

Glen Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/07

772-287-9163

Daytime Phone #