

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10/17/11

2011 OCT 16 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001410

1. Corporation Name

L J Stanley & Associates Incorporated

REINSTATEMENT

500213384835

10/17/11--01004--004 **750.00

49284

2. Principal Office Address - No P.O. Box #

2877 Chad Drive

3. Mailing Office Address

2877 Chad Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eugene, OR

City & State

Eugene, OR

Zip

97408

Country

USA

Zip

97408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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

CT Corporation System

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

1203 Governors Square Blvd.,

1200 South Pine Island Road

Suite, Apt. #, Etc.

Suite 101

Plantation, FL 33324

City

Tallahassee,

State

FL

Zip Code

32301

500213384835

10/17/11--01004--005 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

SEE ATTACHED FOR SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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
C	Shawn Stanley	1358 Parnell Drive	Eugene, OR 97404
D	Jason Stanley	909 Chateau Court	Colleyville, TX 76034
P	Larry Stanley	2762 Martinique	Eugene, OR 97408
V	Trace Stanley	2877 Chad Drive	Eugene, OR 97408
S	Joel Stanley	1609 Douglas Avenue	Colleyville, TX 76034

10. E-mail Address: buerstatte@gleaveslaw.com

(To be used for future annual report notification)

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 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Tim Luck CFO

8/9/11

541-684-7422



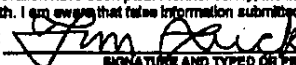
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20Fr

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000001410			
1. Corporation Name L J Stanley & Associates Incorporated			
W11-49284			
2. Principal Office Address - No P.O. Box # 2877 Chad Drive		3. Mailing Office Address 2877 Chad Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Eugene, OR		City & State Eugene, OR	
Zip 97408	Country USA	Zip 97408	Country USA
4. Date Incorporated or Qualified To Do Business in Florida CR2E081 (11/10)			
5. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>§ 675, F.S. requires a Certificate of Status for a Corporation of Status</small>			
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1203 Governors Square Blvd.,			
Suite, Apt. #, Etc. Suite 101			
City Tallahassee,		State FL	Zip Code 32301
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 		Date 10/11/11	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Shawn Stanley	1358 Parnell Drive	Eugene, OR 97404
D	Jason Stanley	909 Chateau Court	Colleyville, TX 76034
P	Larry Stanley	2762 Martinique	Eugene, OR 97408
V	Trace Stanley	2877 Chad Drive	Eugene, OR 97408
S	Joel Stanley	1609 Douglas Avenue	Colleyville, TX 76034
10. E-mail Address: buerstatte@jeaveslaw.com <small>(To be used for future annual report notifications)</small>			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.			
SIGNATURE:  Tim Luck CFO		Date 8/9/11	Daytime Phone # 314-684-7422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

For RA Signature
Only.

REINSTATEMENT _____

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