

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F49048

STOUTEN-STEVENOT AND ASSOCIATES, INC.

Mailing Address

4423 SE 16TH PLACE
UNIT 18
CAPE CORAL FL 33904
US

4423 SE 16TH PLACE
UNIT 18
CAPE CORAL FL 33904
US

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

4. Date Incorporated or Qualified To Do Business in Florida

10/09/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2140265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
PD	STOUTEN, DONALD D.	4423 SE 16TH PL UNIT 18	CAPE CORAL FL 33904
STD	STOUTEN, DEEANNA C	4423 SE 16TH PL UNIT 18	CAPE CORAL FL 33904
			<div>800004658568--5</div> <div>-10/30/01--01021--003</div> <div>****750.00 ****750.00</div>
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STOUTEN, DONALD D.
4423 SE 16TH PLACE
UNIT 18
CAPE CORAL FL 33904

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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 _____

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CH2E040 (8/01)