

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 24 AM 9:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001181

1. Corporation Name

**STOCKBRIDGE ENTERPRISES, INC.
d/b/a/Alafaya Investments, Inc.**

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

27550 Hoover Road

Suite, Apt. #, etc.

City & State

Warren, Michigan

Zip

48093

Country

3. Mailing Office Address

3717 Wards Point

Suite, Apt. #, etc.

City & State

Orchard Lake, Michigan

Zip

48324

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
March 2, 1998

5. FEI Number

38-3324518

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

Michael D. Scarfo

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

750 Andover Circle

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

1000264650470
09/24/14--01003--013 **2885.00

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

Michael D. Scarfo

REGISTERED AGENT MUST SIGN

Date **September 22, 2014**

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
P/S/T	Mahmoud Al-Hadidi	3717 Wards Point	Orchard Lake, Michigan 48324

10. E-mail Address: **dr.mahadidi@gmail.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 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. 817.156, F.S.

SIGNATURE:

M. S. Al-Hadidi

09/22/2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mahmoud Al-Hadidi, President