

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 20 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G25372**

1. Corporation Name

4-S CORPORATION

Principal Place of Business

2900 W. NEW HAVEN AVE
MELBOURNE FL 32904
US

Mailing Address

2900 W. NEW HAVEN AVE
MELBOURNE FL 32904
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4851 US Hwy 1 S.

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

3. New Mailing Office Address, If Applicable

4851 US Hwy 1 S.

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1983

5. FEI Number

59-2264966

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	STEVENS, RICHARD L	17 STOCKTON DR.	MERRITT ISL FL
DVT	STEVENS, SUSAN J	17 STOCKTON DR.	MERRITT ISL FL
			800003478778--0 -11/28/00--01089--020 ****750.00 ****750.00
			800003478778--0 -11/28/00--01089--021 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

TORPY, VINCENT G. JR., ESQ.
930 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

James H. Fallace

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

1900 S. Hickory Street

Suite, Apt. #, Etc.

Ste. A

City

Melbourne

State

FL

Zip Code

32901

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/17/00**

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]* **RICHARD L. STEVENS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/17/00**

Daytime Phone # **321-636-2004**

CR2E040 (8/00)