

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 31 AM 11:48

DOCUMENT # H23044

1. Corporation Name

STINSON AND ASSOCIATES, INC.

2. Principal Office Address

134 ANNONA AVE.

Suite, Apt. #, etc.

City & State

PAHOKEE, FL.

Zip

33476

Country

USA

3. Mailing Office Address

134 ANNONA AVE.

Suite, Apt. #, etc.

City & State

PAHOKEE, FL.

Zip

33476

Country

USA

800069664798
04/07/06--01019--002 **85.00
800069664798
04/07/06--01019--001 **1000.00
REINSTATEMENT 00-06
\$1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 1984

5. FEI Number

59-2661737

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

EDWIN B. STINSON

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

134 ANNONA AVE.

Suite, Apt. #, Etc.

City

PAHOKEE

State

FL

Zip Code

33476

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

Edwin B. Stinson
REGISTERED AGENT MUST SIGN

Date MARCH 25, 2006

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
PRESIDENT	EDWIN B. STINSON	134 ANNONA AVE.	PAHOKEE, FL. 33476
PROJECT MANAGER	JIMMY AKINS	2230 NW 87 TH ST	MIAMI, FL 33147

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 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 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:

Edwin B. Stinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

MARCH 25, 2006 561-924-5292

Daytime Phone #

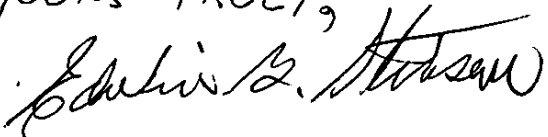
MARCH 25, 2006 2/2

EDWIN B. STINSON
134 ANNONA AVE.
PAHOKEE, FL, 33476

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

THIS IS TO INFORM YOU THAT I DID NOT
RECEIVE THE CERTIFICATE FOR RENEWAL
FORM FOR STINSON AND COMPANY, INC.
FOR THE YEAR 2000.

YOURS TRULY,

EDWIN B. STINSON

P.S. I moved from Miami Fl. to
Pahokee, fl.