

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H89428

1. Corporation Name

Stereotypes, Inc.

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

550 N. Nova Road

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

3. Mailing Office Address

550 N. Nova Road

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

7. Name and Address of Current Registered Agent

Name

Carlos N. Gonzalez

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

550 N. Nova Road

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

REGISTERED AGENT MUST SIGN

Date

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/D	Carlos N. Gonzalez	5822 Antigua	Port Orange, FL 32127

10. E-mail Address:

(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.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03/08/12 BY 60322

12 MAR -8 PM 9:20

REINSTATEMENT 10-12

200223181072
02/28/12--01005--005 **750.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2669592

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

03/08/12--01023--002 **300.00
200223181072
03/08/12--01023--002 **300.00

MAR 08 2012
CLERK