

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

99 FEB 10 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J27443

1. Corporation Name

VICTORIA A. STEWART, INC.

Principal Place of Business

Mailing Address

c/o VICTORIA A. STEWART  
46  
BOCA RATON, FL 33431

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

2. New Principal Office Address, If Applicable

434 N.E. SPANISH COURT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1986

5. FEI Number

59-2699843

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	VICTORIA A. STEWART	434 N.E. SPANISH COURT	BOCA RATON, FL 33432

200002778302--4  
-02/17/99--01066--016  
\*\*\*\*\*673.75 \*\*\*\*\*673.75

8. Name and Address of Current Registered Agent

VICTORIA A. STEWART  
434 N.E. SPANISH COURT  
BOCA RATON, FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Victoria A. Stewart*

REGISTERED AGENT MUST SIGN

Date

2-1-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

*Victoria A. Stewart*

VICTORIA A. STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-99 (561)391-2490

Daytime Phone #

CR2040 (1/99)



## Stewart Insurance Agency

20f2

February 1, 1999

VICTORIA A. STEWART, CPCU, CLU

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

RE: Victoria A. Stewart, Inc. #59-2699843  
Administratively dissolved 8/23/96

Gentlemen:

I am writing to request reinstatement of my corporation without the reinstatement fee because I did not receive the renewal notice in the mail. Had I received the notice I would have returned it with payment. I just found out that my corporation was administratively dissolved when my attorney notified me. He was doing some unrelated work for me and advised me of this.

I am surprised to make this discovery. In light of this and because of my excellent record of timely payment since 1986 I am asking for your consideration.

I am enclosing an application for reinstatement and the \$150 fee each for 1997, 1998 & 1999, a total of \$450.

I thank you for your consideration and await your response.

Sincerely,

*Victoria A. Stewart*  
Victoria A. Stewart  
President

/vs  
Encl.