

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 95-96
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 30 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87120

1 Corporation Name

Dand. of Stuart, Inc.

Principal Place of Business

Mailing Address

2550 Okeechobee Blvd
West Palm Bch - FL

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

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

Aug 14, 1987

5 FEI Number

59-2832052

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

SB 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
Pres	Robert D McKee	2006 SW Briarwood Trl Palm City - FL 34990	
VP			
Sec	Doreen McKee	2006 SW Briarwood Trl Palm City - FL 34990	
Treas			
			400002049034--8 -01/07/97--01144--009 *****575.00 *****575.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

Robert D McKee
2006 SW Briarwood Trl
Palm City - FL 34990

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

12/30/96

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

Robert D McKee

REGISTERED AGENT MUST SIGN

Date 12-19-96



Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Doreen McKee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-96

Date

Daytime Phone #

561-781-3011

CR20040 (12/95)