

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 27 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

1129600

STEPHENS STULLO, INC

500015184275  
04/03/03--01013--003 \*\*300.00

REINSTATEMENT 02-03

2. Principal Office Address

2721 NW 2<sup>nd</sup> STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

Zip

33069

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1988

5. FEI Number

650081346

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

RICHARD STEPHENS

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

2721 NW 2<sup>nd</sup> STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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

*[Signature]*

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
VPD	LONNIE STEPHENS	2361 NW 4 <sup>th</sup> STREET	POMPANO BEACH, 33069
PD	RICHARD STEPHENS	2721 NW 2 <sup>nd</sup> STREET	POMPANO BEACH, 33069
S	DELPHIA WIMBERLY	3699 NW 34 <sup>th</sup> STREET	LANEGATE LAKES 33305

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/03

Date

954-520-3862

Daytime Phone #

2/2/31

CR2E081 (10/02)