

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000007802

Name and Mailing Address

0010072 01 FP 0.352 **PRSRTH H6 0 0615 33483-745699



STUART ACQUISITION COMPANY, LLC
3900 N. OCEAN BLVD., PENTHOUSE A
DELRAY BEACH FL 33483-7456

400009495414

12/12/02--01127--002 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/23/2000

Principal Place of Business

3900 N. OCEAN BLVD., PENTHOUSE A
DELRAY BEACH FL 33483

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1112863
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTON, A. EDWARD III
80 S.W. 8TH STREET, SUITE 2150
MIAMI FL 33130

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

2/12/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WALLACE, JANET L	3900 N. OCEAN BLVD., PENTHOUSE A	DELRAY BEACH FL 33483

400009495414
02/17/03--01080--017 **50.00

REINSTATEMENT 2002-03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date 12/9/02

Daytime Phone # 561-276-4524

Typed or printed name of signing Managing Member/Manager

Janet L. Wallace