PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -6 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

300009088113
11/20/92--01001--007 **158.75

DOCUMENT # **L81926**

1. Corporation Name

STEVENSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
19425 W LAKE DR MIAMI FL 33015 US	19425 W LAKE DR MIAMI FL 33015 US

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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **06/18/1990**

5. FEI Number: **65-0211866** ☐ 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	4 City / State / Zip
CEOD	STEVENSON, DAVID A	19425 W LAKE DR	MIAMI FL 33015
DV	STEVENSON, BARBARA A	19425 W LAKE DR	MIAMI FL 33015
PST	DOUGLAS, REBECCA S	19425 W LAKE DR	MIAMI FL 33015

300009088113
01/08/03--01071--005 **591.25

8. Name and Address of Current Registered Agent

RILLO, TROY J
KIRKPATRICK & LOCKHART LLP
201 S BISCAYNE BLVD, 20TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Rebecca Stevenson Douglas
Street Address (P.O. Box Number is Not Acceptable): 19425 West Lake Drive
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33015

C-2250 (9/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Rebecca Stevenson Douglas
REGISTERED AGENT MUST SIGN
Date: 11-15-02

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., 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: Rebecca Stevenson Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-02 Date
305-829-1690 Daytime Phone #

0015110 AV