

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1,500.00

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L92840**

1. Corporation Name

**J.R. Stevens, Inc.**

2. Principal Office Address

**644 2nd Lane**

Suite, Apt. #, etc.

City & State

**Vero Beach, FL**

Zip

**32962**

Country

**Indian River**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Vero Bch, FL**

Zip

**32962**

Country

**Indian River**

**REINSTATEMENT 15-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 27, 1990**

5. FEI Number

**65-0209977**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**John Roger Stevens**

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

**430 36th Ave**

Suite, Apt. #, Etc.

City

**Vero Beach**

State

**FL**

Zip Code

**32968**

**200003170402-6**  
**-03/15/00-01013-025**  
**\*\*\*1508.75 \*\*\*1508.75**

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

**John Roger Stevens, President**

REGISTERED AGENT MUST SIGN

Date **2-15-00**

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
P/O/T	John Roger Stevens	430 36th Avenue	Vero Beach/FL/32968
VP	Jeff R. Magee	1150 Barber Street	Sebastian/FL/32958
M	Lester Smith JR.	150 Caprona Street	Sebastian/FL/32958
			8,75-CERT 1350.00-Adm
			61.25-AR
			88.75-AR 499 KE

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:

**John Roger Stevens, President, John Roger Stevens President 2-15-00 (561) 778-7848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)