

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 12 PM 2:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M37201**

1. Corporation Name

STANTON ARTS, INC.

Principal Place of Business

**967 SHOUTGUN RD.
FT. LAUDERDALE FL 33326**

Mailing Address

**967 SHOUTGUN RD.
FT. LAUDERDALE FL 33326**



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

08/22/1986

5. FEI Number

59-2801837

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	HOFF, STANLEY D.	967 SHOTGUN RD.	PLANTATION, FL 33326 FORT LAUDERDALE, FL 33326 PLANTATION, FL 33326 FT. LAUDERDALE, FL 33326
VP	HOFF, RITA T	967 SHOTGUN RD.	

REINSTATEMENT

07/28/97
12/12/97

8. Name and Address of Current Registered Agent

**HOFF, STAN
967 SHOTGUN RD.
PLANTATION FL 33326**

9. Name and Address of New Registered Agent

Name

*******750.00 *****750.00**

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Stanley Hoff
REGISTERED AGENT MUST SIGN

Date **11/30/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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:

Stanley Hoff **STANLEY D. HOFF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/97 9544239292