

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 29 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M37201*

1. Corporation Name

STANTON ARTS INC

2. Principal Office Address

1055 SHOTGUN RD.

Suite, Apt. #, etc.

Sunrise

City & State

FLORIDA

Zip

33326

Country

USA

3. Mailing Office Address

P.O. Box 550547

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

Zip

33326

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/1986

5. FEI Number

59-280-1837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *00-02*

7. Name and Address of Current Registered Agent

Name

STANLEY D HOFF / RITA T. HOFF

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

1055 SHOTGUN RD.

Suite, Apt. #, Etc.

Sunrise

City

FLORIDA

State
FL

Zip
33326

***150.00

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

Rita T. Hoff

REGISTERED AGENT MUST SIGN

Date *3-3-02*

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
<i>Pres.</i>	<i>STANLEY D. HOFF</i>	<i>1020 Pine Branch Ct.</i>	<i>Weston, FL 33326</i>
<i>V.Pres.</i>	<i>RITA T. HOFF</i>	<i>1020 Pine Branch Ct.</i>	<i>Weston, FL 33326</i>
			<i>900.00 - Adm</i>
			<i>61.25 - AR</i>
			<i>8875 - AR SUPP</i>

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:

Rita T. Hoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-02

Date

954-423-9292

Daytime Phone #

RITA T. HOFF