

2004AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -8 AM 8:00

DOCUMENT # M65405

1. Corporation Name

STEVEN RICHARD'S & CO.

2. Principal Office Address

1448 W. Bosch Blvd.
TAMPA FL 33612

Suite, Apt. #, etc.

NO

City & State

Zip

Country

USA

3. Mailing Office Address

3623 Berger rd.
LUTZ FL 33548

Suite, Apt. #, etc.

NO

City & State

Zip

Country

100037758701
06/08/04--01019--005 **750.00

MRD

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/90

5. FEI Number

59-2890292

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

STEVEN BOSCO

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

3623 Berger rd.

Suite, Apt. #, Etc.

LUTZ

City

LUTZ

State

FL

Zip Code

33548

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

REGISTERED AGENT MUST SIGN

Date 5-31-04

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
Pres.	STEVEN BOSCO	3623 Berger rd.	LUTZ, FL 33548

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-04 813-968-4287