

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 18 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # M86616

1. Corporation Name

Style TREND, INC.

REINSTATEMENT 01-04

2. Principal Office Address

P.O. Box 18806

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 18806

Suite, Apt. #, etc.

City & State

Panama City

Zip

32417

Country

USA

City & State

Panama City

Zip

32417

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-23-1988

5. FEI Number

592900612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James E. McDaniel

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

112 PARK PLACE

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32413

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

James E. McDaniel

Date

2-14-04

REGISTERED AGENT MUST SIGN

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
VP	NANCY WATSON	102 Twilight Bay	Panama City, FL 32407

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:

James E. McDaniel James E. McDaniel

2-14-04

Date

850-233-5686

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2081 (01/04)