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PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Sep 22, 2002 8:00 am  
Secretary of State

05-24-2002 91323 036 \*\*\*\*61.25

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000006032

1. Corporation Name

THE STELK CHARITABLE FOUNDATION, INC.

Principal Place of Business

C/O RANDY E. STELK  
102 OVERLOOK DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

C/O RANDY E. STELK  
102 OVERLOOK DRIVE  
PONTE VEDRA BEACH FL 32082

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 &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/12/2000

5. FEI Number

59-3680019

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
Pres.	Randy Stelk	909 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082
VP, Sec. Treasurer	Cheryl Stelk	909 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082
	Dana Stelk	909 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082

8. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L  
6620 SOUTHPOINT DRIVE SOUTH  
SUITE 200  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

REGISTERED AGENT MUST SIGN

Date

11. 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)(f), 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 DIRECTOR5/1/02  
Date273-4500  
904-273-4500  
Daytime Phone #

*Attachment*  
LAW OFFICES OF  
**DAN W. ARMSTRONG**  
&  
**ASSOCIATES, P.A.**

99811  
N00000006032

814 A1A NORTH  
SUITE 306  
PONTE VEDRA BEACH, FLORIDA 32082

TELEPHONE: 904.280.0058  
TELEPHONE: 800.882.2226  
FACSIMILE: 904.280.0109  
WWW.DANARMSTRONG.COM

September 3, 2002

**VIA US MAIL**

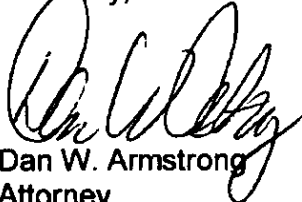
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: The Stelk Charitable Foundation, Inc.**  
**Reference Number: N00000006032**

Dear Sir or Madam:

Please find enclosed the completed annual report/uniform business report as per your letter dated June 2, 2002.

Sincerely,

  
Dan W. Armstrong  
Attorney

Enclosures: (2)  
Copy of letter from FL. Dept. of State, 9-3-02  
Original completed annual report