## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION   |
|---------------|
| REINSTATEMENT |



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | N31 | 8 | 20 |
|------------|-----|---|----|
|------------|-----|---|----|

1. Corporation Name

Stel and Friends, Inc.

FILED 01 JAN 31 AM 11: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| ii Onice Addr                                      | ess  | <ul> <li>Mailing Oπice Address</li> </ul>   |  | ii .   |  |  |  |
|--|--|---|--|--|--|--|--|
| 14 1   | St Ave   | 9497 Lem  | Turner Rd.   | a control of the cont |  |  |  |
| t, etc.  |  | Suite, Apt. #, etc.   |  | But the second control of  |  |  |  |
| <u> </u>   |  |   |  |  |  | 20-89  |  |
| ) _  | 1  | City & State  | 1. ~1  | 5. FFI Number  | <u></u>  | Ann  | lied For   |
| ma-  | ton WY   | Sackanuil   | le th  | 59-296   | 9753   | <u> </u>   | Applicable   |
| ~ (  | Country  | Zip   | Country  |  |  | 75 Additional I  | Fee cequire:   |
| 102  | USA  | 32208   | USH  | CERTIFICATE OF STAT  | JS DESIRED 🔼   | for a Certificate  | of Status  |
|  | •  | 7. Name and A   | ddress of Current Register   | ed Agent   |  |  |  |
| Name   | Alica  | Valton  |  |  |  |  |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |   |  |  | ######################################   | ≘ <b>.⇔4 5</b> .4<br>.01012(1  | 5  |
| 9497 Lem Turner Rd.                                |  |   |  | vz/01/01<br>≰***376 25   | *****31  | 6.25   |  |
| Suite, Apt   | . #, Etc.  | <u> </u>  | 1.50   |  |  | 1.1 1  |  |
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| City ~   | 20/6001  | 11.   |  |  |  | 20   |  |
| $\bigcup$  | CONTRACTOR OF THE CONTRACTOR O |   | the second of th | MALLOUW  |  |  |  |
| appointed th                                       | e registered agent of the abo  | ve named corporation, am f  | amiliar with and accept the ol   | bligations of section 607.05   |  |  |  |
| F  | 1410,00  | "Suattor  |  |  | 01-2   | 6-01   | l '  |
|  | Name Street Add Q1 Suite, Apt City appointed the   | Name  Accupation  Street Address (P.O. Box Number is Note 197)  Suite, Apt. #, Etc.  City  City | Suite, Apt. #, etc.  City & State  Jackonvil  TOZ  Country  TOZ  Country  Toz  Country  Toz  Country  Toz  Toz  Toz  Street Address (P.O. Box Number is Not Acceptable)  9497  Suite, Apt. #, Etc.  City  Jack'sonville  appointed the registered agent of the above named corporation, am of the country of the c | Suite, Apt. #, etc.  City & State  Mackanville  Toz  Country  Toz  Country  Toz  Country  Toz  Country  Toz  Country  Toz  Toz  Toz  Street Address (P.O. Box Number is Not Acceptable)  9497  Suite, Apt. #, Etc.  City  Toz  City  Toz  Country  Turner  Rd.  Suite, Apt. #, Etc.  | Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or To Do Business in Floration To Do Business in Fl | Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 4- To Do Business in Florida 1- To Do Business in Florida 1- To Do Business in Florida 1- To Do Business in Florida 1 | Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Date Incorporated or Qualified To Do Business in Florida 4-20-89  May Dackmuille FL 5. FEI Number 59-2969753 Not 59-2969753 Not 59-2969753 Not 59-2969753 Not 59-2969753 Not 6. CERTIFICATE OF STATUS DESIRED 50-3 Certificate 10-3 Certi |

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director

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 the same legal effect as if made under oath. on this application

Registered Agent