

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49258

1. Corporation Name

STUART TRADE CENTER PROPERTY OWNERS ASSOCIATION, INC

2. Principal Office Address

9011 SW Old Kansas Ave.

3. Mailing Office Address

9011 SW Old Kansas Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, Florida

City & State

Stuart, Florida

Zip
34997

Country
USA

Zip
34997

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Craig Rice

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

9011 SW Old Kansas Avenue

Suite, Apt. #, Etc.

City

Stuart, FL

State
FL

Zip Code
34997

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

Craig Rice

Date

10/23/02

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
PD	CRAIG RICE	9011 SW Old Kansas Avenue	Stuart, FL 34997
VPD	DREW POSTON	2504 S.E. Willoughby Blvd.	Stuart, FL 34994
SD	Ralph H. Parks	3 Mindoro Street	Stuart, FL 34996

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:

Craig Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG RICE, PRESIDENT

Date

Daytime Phone #

10/23/02 (772) 283-9197