

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006463

1. Corporation Name

S.T.O.P (SEEK TIME OUT PLEASE), INC.

Principal Place of Business

Mailing Address

P.O. BOX 10891

RIVIERA BEACH FL 33419-0891

P.O. BOX 10891

RIVIERA BEACH FL 33419-0891

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 & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

65-0751549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D President	ALLEN, ERIC	C/O P.O. BOX 10891 N/A 1024 W. 26th St.	RIVIERA BEACH FL 33419-0891 Riviera Beach, FL - 33404
D Treasurer	ALLEN, ALONZO	C/O P.O. BOX 10891 N/A 1024 W. 26th St.	RIVIERA BEACH FL 33419-0891 Riviera Beach, FL - 33404
D Secretary	BELL, OCTAVIA	C/O P.O. BOX 10891 N/A 1024 W. 26th St.	RIVIERA BEACH FL 33419-0891 Riviera Beach, FL - 33404

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.

4521 PGA BOULEVARD #211

PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

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

Suite, Apt.

City

State

Zip Code

FL

10. I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

G.K. Kuroda

Date 12-7-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Eric Allen Sr. ERIC ALLEN SR. 12-7-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

361-844-9205