

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 12:55

SECRETARY OF STATE
FLORIDA

400008878654
11/07/02--01086--002 **750.00

DOCUMENT # P00000001282

1. Corporation Name

M. STANFORD & ASSOCIATES, INC.

Principal Place of Business

1601 N PALM AVE STE 311A
PEMBROKE PINES FL 33026

Mailing Address

1601 N PALM AVE STE 311A
PEMBROKE PINES FL 33026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2000

5. FEI Number

65-0971256

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STANFORD, MATTHEW A	1601 N PALM AVE STE 311A	PEMBROKE PINES FL 33026
VP	STANFORD, ENID	1601 N PALM AVE STE 311A	PEMBROKE PINES FL 33026

8. Name and Address of Current Registered Agent

STANFORD, MATTHEW A
1601 N PALM AVE STE 311A
PEMBROKE PINES FL 33026

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

11/02/02

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/02/02

CR260-0 (8/02)