

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000019415**

1. Corporation Name

STIVERSON PROPERTIES, INC.

REINSTATEMENT 2001

2. Principal Office Address

812 S.E. 49th AVE.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34472

Country

USA

3. Mailing Office Address

2226 E. SILVER SPRING BLVD.

Suite, Apt. #, etc.

SUITE D

City & State

OCALA, FLORIDA

Zip

34470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3638472

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

SCOTT STIVERSON

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

812 S.E. 49th AVE.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472

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

[Signature]

Date **12/17/01**

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
D, P, ST	SCOTT STIVERSON	812 S.E. 49 th AVE.	OCALA, FLORIDA 34472
D, VP	TRINA STIVERSON	812 S.E. 49 th AVE.	OCALA, FLORIDA 34472
			000004880400--B -02/05/02--01046--025 *****750.00 *****750.00
			000004880400--B -02/05/02--01046--026 *****8.75 *****8.75

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/01

Daytime Phone #

CR2E081 (9/01)