

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -1 AM 8:00

DOCUMENT # P00000057010

1. Corporation Name

Stephen and John INC.
P00000057010

REINSTATEMENT 01-03

2. Principal Office Address

10522 PLANTATION Bay Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

10522 PLANTATION Bay Dr.

Suite, Apt. #, etc.

City & State

Tampa FL.

City & State

Tampa FL.

Zip

33647

Country Hills.

Zip

33647

Country Hills.

4. Date Incorporated or Qualified To Do Business in Florida

6-5-2000

5. FEI Number

59-3668301

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

Nader AstFANOUS

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

10522 PLANTATION Bay Dr.

Suite, Apt. #, Etc.

City

Tampa FL

State

FL

Zip Code

33647

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

Date

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
P	Nader AstFANOUS	10522 PLANTATION Bay Dr.	Tampa FL. 33647

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-03 (813) 907-1785

Date

Day

CR2E081 (10/02)