

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 25 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089585

1. Corporation Name

STEFIO, INC.

Principal Place of Business

10460 ROOSEVELT BLVD. #269
ST PETERSBURG FL 33716

Mailing Address

10460 ROOSEVELT BLVD. #269
ST PETERSBURG FL 33716

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

09/21/2000

5. FEI Number

59-3673645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	FIORENZA, STEVEN M	611 31ST AVE N 4227 CARSON ST NE	ST PETERSBURG FL 33704 ST PETERSBURG FL 33703

8. Name and Address of Current Registered Agent

SMITH, WALTER E
1301 4TH ST N
ST PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

757 ARLINGTON AVE N

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33701

CR2E040 (8/02)

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

[Signature]
SIGNATURE REQUIRED

Date 10/29/02

REGISTERED AGENT MUST SIGN

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 28, 2002 (427)
528-3180
Date Daytime Phone #

Fla Dept of State
To whom it May Concern:

Re Steven M FIORENZA / Stefio Inc.
Reinstatement / Dispute

In accordance to instructions
we telecall to the Dept of State I
would like to dispute the fees
for reinstatement please.

I do not recall seeing notice
of payment due. I have had problems
at my mailbox which have been
corrected and I have a new address
as noted too.

Enclosed is a corp check for \$150-
the amount I was told to send with
this letter of dispute.

I ask you to please reinstate my
corporation, advise my new
tax ID number, and make the
requested corrections.

Please contact me if additional
information or data is required.

Thank you in advance,

Steven M Fiorenza
Pres. SIO