

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089585

1. Corporation Name

STEFIO, INC.

Principal Place of Business

Mailing Address

4210 21ST STREET N.
ST PETERSBURG FL 33714

4210 21ST STREET N.
ST PETERSBURG FL 33714

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3673645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FIORENZA, STEVEN M	4210 21ST STREET N	ST PETERSBURG FL 33714

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, WALTER E
757 ARLINGTON AVE N
ST PETERSBURG FL 33701

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

[Signature]

Date 12/01/07

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

12/01/07
Date

727-528-3180
Daytime Phone #

CR2E040 (7/03)

20f2

Stefio Productions / Steven Fiorenza

From: "Stefio Productions / Steven Fiorenza" <stefio@tampabay.rr.com>
To: <corphelp@mail.dos.state.fl.us>
Sent: Tuesday, October 21, 2003 8:15 AM
Subject: PleaseHelp re Reinstatement request

TO WHOM IT MAY CONCERN:

RE: Doc P00000089585
FEI # 59-3673645

I JUST RECEIVED YOUR APPLICATION FOR REINSTATEMENT. I DID NOT RECEIVE EITHER AN ANNUAL REPORT OR THE SECOND NOTICE. THIS IS THIS FIRST NOTICE I HAVE RECEIVED FOR 2003. ALTHOUGH STEFIO INC IS A "FOR PROFIT" CORPORATION, THE BUSINESS HAS NOT YET MADE A PROFIT AND I HAVE YET TO TAKE ANY SALARY WHAT-SO-EVER. IN ADDITION, I AM ON SOCIAL SECURITY DISABILITY AND TO BE REQUIRED TO PAY THE REINSTATEMENT FEE WOULD POSE AN EXTREME FINANCIAL HARDSHIP FOR ME AND MY FAMILY. YOUR CONSIDERATION IN WAIVING THE REINSTATEMENT FEE WOULD BE GREATLY APPRECIATED.

ALSO, PLEASE ADVISE ME OF THE DATE THAT THE OFFICE INTENDS TO SEND OUT THE ANNUAL REPORT FOR 2004. I CAN MARK THE DATE ON MY CALENDAR AND CONTACT YOUR OFFICE IF NOT TIMELY RECEIVED. THIS SHOULD ELIMINATE ANY FUTURE PROBLEMS OR REINSTATEMENT REQUESTS.

THANK YOU FOR YOUR CONSIDERATION AND ATTENTION TO THIS MATTER. PLEASE NOTE MY NEW AND CURRENT MAILING ADDRESS:

STEFIO INC C/O STEVEN FIORENZA
4210 21ST STREET NORTH
ST PETERSBURG, FL 33714
TEL: (727) 528-3180
EMAIL: STEFIO@TAMPABAY.RR.COM

PLEASE CONFIRM RECEIPT OF THIS EMAIL AND RESPONSE. THANK YOU IN ADVANCE.

REGARDS,
STEVEN FIORENZA, PRES
STEFIO INC

10/29/2003