

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000020533

1. Corporation Name

Orignally-Stunts Inc.-Frank Ferrara
(no longer available-Amendment
enclosed)

2. Principal Office Address - No P.O. Box #
3950 Whaleboat Way

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Wellington, FL

City & State

Zip
33414

Country
Palm Beach

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 Anne Marie Feltus

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

100 Shell Flower Cove

Suite, Apt. #, Etc

City Winter Springs

State
FL

Zip Code
32708

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
Pres.	Anne Marie Feltus	100 Shell Flower Cove	Winter Springs, FL 32708
V.P.	Ralph Ferrara	160 Seidman Avenue	Staten Island, NY 10312
V.P.	Frank Ferrara, Jr.	2710 Seidman Ave	Staten Isl., NY 10314

10. E-mail Address:

amf128@opt-online.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/24

732-718-6019