

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 31 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000021009

1. Corporation Name

Stacey Lee Agency, INC

2. Principal Office Address - No P.O. Box #

12930 Grand Traverse Dr.

Suite, Apt. #, etc.

City & State

Dade City

Zip

33525

Country

PASCO

3. Mailing Office Address

12930 Grand Traverse

Suite, Apt. #, etc.

City & State

Dade City
Florida

Zip

33525

Country

USA

100159651541

08/17/09--01071--011 **750.00

CR2E081 (12/08)

03-09

REINSTATEMENT

5. FEI Number

59-3253128

☒ 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

Stacey Lee Fiumano

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

12930 Grand Traverse Drive

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Stacey Lee Fiumano

REGISTERED AGENT MUST SIGN

Date 8-15-09

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
CEO	Stacey Lee Fiumano	12930 Grand Traverse	Dade City, FL 33525

100159651541

08/31/09--01015--005 **308.75

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 contained in Chapter 119, 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:

Stacey Lee Fiumano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-09

Date

Daytime Phone #

352.206.