

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030259

1. Corporation Name

JOHN T. STOFKO ASSOCIATES, INC.

2. Principal Office Address

151 CAMP MEETING ROAD

Suite, Apt. #, etc.

City & State

BOLTON, CONNECTICUT

Zip

06043

Country

USA

3. Mailing Office Address

151 CAMP MEETING ROAD

Suite, Apt. #, etc.

City & State

BOLTON, CONNECTICUT

Zip

06043

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2001

5. FEI Number

65-1089268

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

JOHN R. DUNHAM, III

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

2 NORTH TAMiami TRAIL

Suite, Apt. #, Etc.

SUITE 500

City

SARASOTA

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date

7-7-05

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
D	JOHN T. STOFKO	151 CAMP MEETING ROAD	BOLTON, CT 06043
VPS	CAROLE G. STOFKO	151 CAMP MEETING ROAD	BOLTON, CT 06043

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:

JOHN T. STOFKO JOHN T. STOFKO, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(860) 533-9779

Daytime Phone #

CRZE081 (01/05)