

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000037432

1. Corporation Name

STEFFEY ENTERPRISES, INC.

05 SEP 28 AM 11:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business

2536 NASSAU LANE
FT. LAUDERDALE FL 33312

Mailing Address

2536 NASSAU LANE
FT. LAUDERDALE FL 33312

W050000 22711



REINSTATEMENT

02-05

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/09/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1092500	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PRES.	CHRISTINE M. STEFFEY	2536 NASSAU LA. FT. LAUDERDALE	FT. LAUDERDALE FL. 33312
V.P.	John A. STEFFEY	SAME	

000060222890
10/14/05-01/07/06-004 ***608.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEFFEY, CHRISTINE M
2536 NASSAU LANE
FT. LAUDERDALE FL 33312

Name
John STEFFEY
Street Address (P.O. Box Number is Not Acceptable)
2536 NASSAU LA.
Suite, Apt. #, Etc.

City
FT. LAND State **FL** Zip Code **33312**

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

John A. Steffey V.P.
REGISTERED AGENT MUST SIGN

Date

9/23/05

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:

John A. Steffey V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/05 954584-9671

CR2E040 (8/02)

2082

Sept. 23, 2005

Division of Corporations

Re: P01000037432

We did not receive the annual report form and were unaware that it was not handled by our accountant. Being the case, we received no further notice. I respectfully request that the corporation be reinstated.

Thank you.
John Bluff V. P.