

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 30 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101637

1. Corporation Name

STEARNS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3870 N 31 TER  
HOLLYWOOD FL 33021

3870 N 31 TER  
HOLLYWOOD FL 33021

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

1420 ATLANTIC SHORES BLVD.  
Suite, Apt. #, etc.

#135 HALLANDALE BEACH FL 33009  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/19/2001

5. FEI Number

01-0576837

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEARNS, STEVE	3870 N 31 TR	HOLLYWOOD FL 33021
			800024265698 10/30/03--01007--020 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEARNS, STEPHEN F  
3870 N 31 TER  
HOLLYWOOD FL 33021

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 9-10-03

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEARNS, STEPHEN F. STEARNS  
9-10-03, 954.214-8807  
Date Daytime Phone #

CR2E040 (7/03)

STEARNS ENTREPRISES INC.  
1420 ATLANTIC SHORES BLVD - APT #135  
HALLANDALE BEACH - FL - 33009  
Cell. # : 954-214-8807

Monday, October 13, 2003

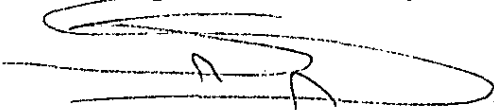
To whom it may concern,

Dear Sir,

I want to bring to your attention, that I didn't received the 2003 reinstatement form due to a ~~change~~ change of address ; that is the reason I would like the late fees and penalties waved.

Best Regards

Stephen Stearns

A handwritten signature in black ink, appearing to be 'S. Stearns', written over a horizontal line.