

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 16 PM 12:39

DOCUMENT # P02000013822

1. Corporation Name

STEPHENS, INC. OF TALLAHASSEE

Principal Place of Business

6005 W. TENNESSEE ST.
TALLAHASSEE FL 32304

Mailing Address

6005 W. TENNESSEE ST.
TALLAHASSEE FL 32304



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03 MRS

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2002

5. FEI Number

01-0003755

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEPHENS, HOLLIS	4745 JACKSON BLUFF RD.	TALLAHASSEE FL 32310

400024050624
10/23/03--01059--020 **158.75

8. Name and Address of Current Registered Agent

STEPHENS, HOLLIS
4745 JACKSON BLUFF RD.
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

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

Hollis Stephens

REGISTERED AGENT MUST SIGN

Date 10/15/2003

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:

Hollis Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2003 850-575-1020

Date

Daytime Phone #

CF2ED40 (7/03)

I Hollis Stephens did not receive my first or second notice (UBR) for
Stephens, Inc. of Tallahassee. Document #P02000013822.

A handwritten signature in black ink, appearing to be "Hollis Stephens", written over a horizontal line.