

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000025796

1. Corporation Name

LAW OFFICES OF STOLLER & CALERO, P.A.

2. Principal Office Address

5758 S. Semoran Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Building "E"

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32822

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/2002

5. FEI Number

300055180

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

Tracy Hauck

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

730 E. Strawbridge Avenue

Suite, Apt. #, Etc.

Suite # 202

City

Melbourne

State
FL

Zip Code

32901

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

Tracy Hauck
REGISTERED AGENT MUST SIGN

Date

7/1/04

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
P	David Stoller	5758 S. Semoran Blvd.	Orlando, FL 32822

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

407.999.0088

Daytime Phone #

CR2E081 (01/04)