

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 21 PM 3:02

DOCUMENT # P02000098447

1. Corporation Name

STITELAND PUBLISHING, INC.

Principal Place of Business

Mailing Address

687 ALDERMAN RD., #301
PALM HARBOR FL 34683

687 ALDERMAN RD., #301
PALM HARBOR FL 34683



800023978368
10/21/03--01090--018 **150.00

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

09/09/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

721533634

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	STITELER, ROWLAND H	326 FLORIDA BLVD./ P O BOX 652	CRYSTAL BEACH FL 34681
D	STITELER, DONNA G	326 FLORIDA BLVD./ P O BOX 652	CRYSTAL BEACH FL 34681

REINSTATEMENT

03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABRECQUE, EDWARD C
1202 NEBRASKA AVE
PALM HARBOR FL 34683

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

Edward C. Labrecque
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Paul Stiller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

727-781-9771

CH2E040 (7/03)

2/2

Stiteland Publishing, Inc.

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323314-6327

Oct. 16, 2003

Dear Sir or Madam:

I recently received the a notice of administration dissolution or revocation, stating that it was due to my lack of response to two (2) notices to file my annual report. I never -- received those notices.

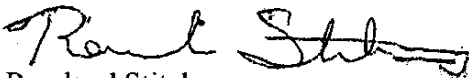
I am not sure why I did not receive them, because the address you have for me is correct. I am enclosing a check for \$150.00 for the reinstatement fee without penalty, and respectfully asking that you waive the \$600 penalty—because I did not receive the notices your letter states that you sent.

I will be sure and file on time next year, whether I get notices in advance or not.

Thank you for you attention to the matter.

I you need to contact me by phone, I can be reached at 727-781-9771.

Sincerely,



Rowland Stiteler

President

Stiteland Publishing, Inc.

687 Alderman Rd., #301

Palm Harbor, FL 34683