

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC -8 PH 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

03-05

DOCUMENT # P02000113331

1. Corporation Name

Stilwell Associates, Inc

2. Principal Office Address

2740 Arant Trails Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Dover, FL 33527

City & State

Same

Zip

33527

Country

USA

Zip

Same

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

01-0746131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

Jaqueline S Stilwell

500062117475

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

2740 Arant Trails Blvd

12/13/05--01038--014 \*\*450 00

Suite, Apt. #, Etc.

City

Dover, FL

State

FL

Zip Code

33527

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

Date

REGISTERED AGENT MUST SIGN

**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

President Jeff Stilwell

2740 Arant Trails Blvd Dover, FL 33527

VPT Treasurer Jaqueline Stilwell 2740 Arant Trails Blvd Dover, FL 33527

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

Jaqueline S Stilwell, Jaqueline Stilwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/05 (813) 571-5520

## **Real Estate Appraisers**

**Website:** [www.stilwillassociates.com](http://www.stilwillassociates.com)  
**Email:** [appraisals@stilwillassociates.com](mailto:appraisals@stilwillassociates.com)  
**Phone:** 813.571.5520  
**Facsimile:** 813.571.5540

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November 30, 2005

Florida Department of State  
Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Stilwill & Associates, Inc.

To Whom It May Concern:

This letter is in reference to the above mentioned Corporation within the State of Florida. Due to a move of the Incorporation; the 2003 prior notice was not received by this Agent. There was a forwarding on this account, but the postal service had some problems with the postal carrier therefore mail was not forwarded correctly. I recently obtained a letter from the Post Master to forward too many of my clients/services, please find this attached as well.

Thank you for your understanding in this matter and requesting the \$600.00 reinstatement fee is waived.

If there are further questions or concerns please feel free to contact me at my office (813) 571.5520.

Thank you for your immediate attention in this matter.

Sincerely



Jacqueline S. Stilwill, V.P./Treasurer  
Stilwill & Associates, Inc.