

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

03 OCT 23 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000129334**

1. Corporation Name

**STAIRS ACQUISITIONS, INC.**

Principal Place of Business

Mailing Address

936 UPLAND RD.  
WEST PALM BEACH FL 33401

936 UPLAND RD.  
WEST PALM BEACH FL 33401

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

12/09/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

37-145 0967

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STAIRS, MICHAEL J	936 UPLAND RD.	WEST PALM BEACH FL 33401

400024054354  
10/23/03 01073-023 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAIRS, MICHAEL J  
936 UPLAND RD.  
WEST PALM BEACH FL 33401

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

*Michael J Stairs*  
REGISTERED AGENT MUST SIGN

Date Oct 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:

*Michael J Stairs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 15, 03

CR2E040 (7/03)

**C.R. COOPER, CPA, PA**  
5350 10<sup>TH</sup> Ave. North, Suite 8  
Lake Worth, Florida 33463

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

October 16, 2003

Department Of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32399

Taxpayer: Stairs Acquisitions, Inc  
FEIN: 37-1450967  
Tax Form: UBR  
Tax Period: 2003

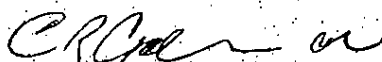
To Whom It May Concern:

We have enclosed the UBR Reinstatement Form and the check # 1959 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Stairs did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Stairs is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

  
C. R. Cooper, CPA

Encl.

cc