2008 FOR PROFIT CORPORATION REINSTATEMENT

						-				
DOCUMENT # P0300060027 1. Entity Name STEPHAN PROPERTIES OF FLORIDA INC.					l'italia					
STEPHAN	PROPERTIES OF FLOR	RIDA II	NC.		08 0CT 27 PM 4: 40					
Principal Place of Business			niling Address		DRETARY OF STATE ALLAHASSEE, FLORIDA					
411 MAGNOLIA AVENUE			Mailing Address 150 FORTENBERRY RD				CCAHAJ. IL	CE. LEGI	MD.	
MERRITT ISLAND, FL 32952			SUITE D							
METALLY TODAY TE ODOOL			IERRITT ISLAND, FL 3:							
2. Principal Pla	ce of Business - No P.O. Box #	3.	Mailing Adgress	N)ic	Ave					
Suite, Apt. #, etc.			Suie, Apt. #, etc.			10232008 REIN-P CR2E098 (1/07)				
City & State			MERRIA Island PC			4. FEI Number 30-019			\rightarrow	plied For t Applicable
Zip	Country	'	192952	Cour	25A	5. Certificate	of Status Desired	□ \$	8.75 Add ee Required	itional I
	6. Name and Address of Curre	ent Regis	tered Agent			7. Name and	Address of New I	Registered Ag	gent	
STEPHAN,	TROV W				Name					
411 MAGNOLIA AVE MERRITT ISLAND, FL 32952				Street Address (P.O. Box Number is Not Acceptable)						
		-			City			FL	Zip Code	
9 The above r	named entity submits this statement	1 100 100 1	yuraan at ahanaina ita	raniota	nd office or registe	and seems or be	th is the State of F		-111	
the obligation	ons of registered agent.		purpose of changing its	register	ad office of registe	red agent, or od	in, in the State of F	unga. Famia	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ag	gent a fitte	if applicable. (NOTE	: Register	ed Agent signature requi	ired when reinstating		DATE		
	E NOWIII FEE IS \$150.00 uary 1, 2009, Fee will be \$30	0.00					In accordance corporation did			
10.	OFFICERS A	ND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11
TITLE	MD		Delete	TITL	E				Change	Addition
1	STEPHAN, TROY W 411 MAGNOLIA AVE MERRITT ISLAND, FL 32952	<u>!</u>			AE EET ADDRESS 7-ST-ZIP	10/21	909-1373;	F-613'-	**150	. 00
TITLE			☐ Delete	TITL	£				☐ Change	Addition
NAME				NAN	AE					
STREET ADDRESS				ŞTR	EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
THILE			☐ Delete	TITL					☐ Change	Addition
NAME				NAN						
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-S1-ZIP					
TITLE			Delete	TITE					☐ Change	/ Addition
NAME			LT Detete	NAM					L. Unange	Addition Addition
STREET ADDRESS					EF1 ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE	·	,	☐ Delete	TITL	.E		· althoughout ·		☐ Change	Addition
NAME				NAR	AE .				-	
STREET ADORESS					EET ADORESS					
CITY-ST-ZIP	***************************************			CIT	Y-ST-ZIP					
TITLE			Delete	TITE	ł				☐ Change	Addition
NAME				NA						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP		. 145 - 5 1			Y-\$1-ZIP			 _	-	
 I hereby c indicated of the corp changed, 	ertify that the information supplied on this report or supplemental repo poration or the receiver or trustee e or on an attachment with an addra	with this ort is true empowere ss, with a	illing does not qualify fo and accurate lift that r ed to execute this report ill other like empowered	or the ex my signa as requ	emptions containe ature shall have the ired by Chapter 60	ed in Chapter 11: e same legal effe 07, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nar	I further certif oath; that I ar ne appears in	y that the ir n an officer Block 10 o	nformation or director r Block 11 if
SIGNAT		_	<i>////</i>			10/2	23/00 3	71 45	3.21	മ
J 11 11	SIGNATURE AND TYPED	OR PRINTE	D-MANE OF SIGNING OFFICER	OR DIREC	TOR		Date	Da	ytime Phone #	

10/2700