

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 27 PM 4:40

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000060027

1. Entity Name
STEPHAN PROPERTIES OF FLORIDA INC.



Principal Place of Business
411 MAGNOLIA AVENUE
MERRITT ISLAND, FL 32952

Mailing Address
150 FORTENBERRY RD
SUITE D
MERRITT ISLAND, FL 32952

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

411 Magnolia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island FL

Zip

Country

32952

USA



10232008 REIN-P CR2E098 (1/07)

4. FEI Number
30-0198326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHAN, TROY W
411 MAGNOLIA AVE
MERRITT ISLAND, FL 32952

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
STEPHAN, TROY W
411 MAGNOLIA AVE
MERRITT ISLAND, FL 32952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500137324045
10/27/08--01053--013 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/08 321 453-2100
Date Daytime Phone #

10/27/08