PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 14 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000130106

1. Corporation Name THE ORIGINAL STEVENSON BROTHERS AGENCY. INC.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
2124 NE 123rd St	P.O BOX 173081
Suite, Apt. #, etc. 209	Suite, Apt. #, etc.
City & State N. Miami, FL	City & State Miami, FL 33017
Zip 33181 Country U.S	Zip 33017 Country U.S

4. Date Incorporated or Qualified To Do Business in Florida Filed 11/12/03

5. FEI Number 43-2034212 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KENYATTI STEVENSON

Street Address (P.O. Box Number is Not Acceptable): 19938 NW 85 Ave

Suite, Apt. #, Etc.:

City: Miami, FL 33017.

State: FL Zip Code:

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: _____ REGISTERED AGENT MUST SIGN Date 7/12/06

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
manager	KENYATTI STEVENSON	19938 NW 85 Ave	Miami, FL 33017

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07/13/06--01023--001 **450.00

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 contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06 Date

(305) 823-3939 Daytime Phone #

7/11/06

TO THE DEPARTMENT OF STATE !

please reinstate the corporation for THE ORIGINAL STEVENSON BROTHERS AGENCY INC. We did not receive the annual report notices, please help us.

Any questions please call us at (305) 625-7800.

Thank you.

Kenyatti Stevenson