

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 PM 12:37

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000138520

1. Corporation Name

Stelen INC

800073777678
05/03/06--01005--003 **903.75

2. Principal Office Address

284 broad Ave S

Suite, Apt. #, etc.

3. Mailing Office Address

284 Broad Ave S

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples

Zip

34102

Country

usa

Zip

34102

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2003

5. FEI Number

20-0437985

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

German R. Sorzana

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

284 Broad Ave S

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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 3/1/2006

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
P	German R. Sorzana	284 Broad Ave S	Naples, FL ,34102

8/6/04 90003 009
\$155.00

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

3/1/2006

Date

239-649-7075

Daytime Phone #