

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000146580

1. Entity Name

LAW OFFICES OF TROY W. STEPHAN, P.A.



08 OCT 27 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
PO BOX 688
COCOA, FL 32923

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

Country

USA

10232008

REIN-P

CR2E098 (1/07)

4. FEI Number

20-0426239

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 ESQ
411 MAGNOLIA AVENUE
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 and title 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 D ☐ Delete
NAME STEPHAN, TROY W
STREET ADDRESS 411 MAGNOLIA AVENUE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Change ☐ Addition
NAME 300137324009
STREET ADDRESS 10727708--01053--012
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/08

321 453 2100

Date

Daytime Phone #

10/27/08