

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 20 PM 2:17

DOCUMENT # P04000120897

1. Corporation Name

A Steward Lender, Inc.

KS

900158793249
07/22/09--01003--007 **1278.75

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #

2704 Woodland Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1002

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

Orange Park, Florida

Zip

32073

Country

US

Zip

32067

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2004

5. FEI Number
141914189

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

Mark H. Gerard

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

2704 Woodland Drive

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mark H. Gerard
REGISTERED AGENT MUST SIGN

Date

7-9-09

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
PVD	Mark H. Gerard	2704 Woodland Drive	Orange Park, Florida 32073

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:

Mark H. Gerard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-9-09

Daytime Phone #

904/608-4117