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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 17 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000162295

1. Corporation Name

Stanley Home Repair, Inc.

W08000028428

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

6034 Anvil Rd

3. Mailing Office Address

P.O. Box 2362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville FL

Zip

32277 Duval

Country

Zip

32203 Duval

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-24-04

5. FEI Number

202083174

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

Sylvia Stanley

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

6034 Anvil Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32277

☒ 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

Sylvia Stanley
REGISTERED AGENT MUST SIGN

Date 06-08-08

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
Owner	<u>Sylvia Stanley</u>	<u>6034 Anvil Rd</u>	<u>Jacksonville FL</u>
<u>None</u>			<u>32277</u>
<u>None</u>			
<u>None</u>			
<u>None</u>			
<u>None</u>			

REINSTATEMENT 06-08

900131416443
06/17/08--01030--004 **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:

Sylvia Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-08-08 904-866-9160
Daytime Phone # 9160

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STANLEY HOME REPAIR, INC.
P.O. BOX 2362
JACKSONVILLE, FL 32203
(904) 866-9160

June 15, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Stanley Home Repair, Inc
Ref Number: P04000162295

Dear Sir/Madam:

I am in receipt of your letter dated June 11, 2008. Per your request to list the title(s) of each officer in my document, I am the only officer of my company. I am the owner and self-employed. If you should need any further information, please do not hesitate to contact me.

Sincerely,


Sylvain Stanley