

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000017768

1. Entity Name
STEPHEN T. ANDERSON, P.A.



FILED

07 JAN -2 04 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8957 SE MARINE BAY DRIVE
HOBE SOUND, FL 33455

Mailing Address
8957 SE MARINE BAY DRIVE
HOBE SOUND, FL 33455

2. Principal Place of Business

8957 SE Marina Bay Dr
Suite, Apt. #, etc.

3. Mailing Address

8957 SE Marina Bay Dr
Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL



REINSTATEMENT

4. FEI Number

06-1741978

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, STEPHEN T
8957 SE MARINE BAY DRIVE
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

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

12/26/06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

TITLE D
NAME ANDERSON, STEPHEN T
STREET ADDRESS 8957 SE MARINE BAY DRIVE
CITY-ST-ZIP HOBE SOUND, FL 33455

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400082861854
12/29/06--01033--006 **\$150.00

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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 like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Stephen T. Anderson

12/26/06

772-485-5334

Date Daytime Phone #

MAILED JAN 2 2007