


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000068277

1. Corporation Name
Stefano, Inc.

2. Principal Office Address - No P.O. Box #
124 W. Fletcher Ave

3. Mailing Office Address
124 W. Fletcher Ave

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip Country
33612 USA

Zip Country
33612 USA

FILED
2008 JAN 31 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500116582055
01/31/08--01035--023 **1058,75

REINSTATEMENT
CR2E081 (12/07)
06208

4. Date Incorporated or Qualified To Do Business in Florida
5/09/2005

5. FEI Number
13-4298588

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID BOUTER

Street Address (P.O. Box Number is Not Acceptable)
20124 Heritage Point Drive

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33647

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
David B. Bouter

Date
1/28/08

REGISTERED AGENT MUST SIGN

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
President	Stephen LoCoco	20124 Heritage Point Dr.	Tampa, FL 33647
Treasurer	Stephen LoCoco	"	Tampa, FL 33647
V.P.	DAVID BOUTER	20124 Heritage Point Dr.	Tampa, FL 33647
Secretary	DAVID BOUTER	"	Tampa, FL 33647

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: DAVID B. BOUTER David B. Bouter 1/28/08 813-385-2647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #