

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000078555

**FILED**  
**Nov 24, 2014**  
**Secretary of State**

**Entity Name:** STEBBING CORP.

**Current Principal Place of Business:**

4243 SW UTTERBACK ST  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

505 SE ALAMANDA WAY  
STUART, FL 34996

**Current Mailing Address:**

4243 SW UTTERBACK ST  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

505 SE ALAMANDA WAY  
STUART, FL 34996

**FEI Number:** 20-5005847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEBBING, BARRY F  
4243 SW UTTERBACK STREET  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

STEBBING, BARRY F  
505 SE ALAMANDA WAY  
STUART, FL 34996 US

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.

SIGNATURE: BARRY STEBBING

11/24/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEBBING, BARRY F  
Address: 505 SE ALAMANDA WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34996

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRY STEBBING

PD

11/24/2014

Electronic Signature of Signing Officer or Director

Date