

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000085604

1. Corporation Name

STEVENSHOME IMPROVEMENTS INC

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

3. Mailing Office Address

49 MARIE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRAWFORDVILLE FL

Zip

Country

Zip

Country

32327

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

26-0612045

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN HATFIELD

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

49 MARIE CIRCLE

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

☒ 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.

REINSTATEMENT

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

Steven Hatfield

REGISTERED AGENT MUST SIGN

Date 04-07-10

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
P	STEVEN HATFIELD	49 MARIE CIRCLE	CRAWFORDVILLE 32327

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify, 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:

Steven Hatfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-10

Date

Daytime Phone #