

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JUN 21 AM 8:26

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **PO9000094047**

1. Corporation Name

Stein-Kinder Inc.

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

10300 Pleasant View Dr

Suite, Apt. #, etc

3. Mailing Office Address

10300 Pleasant View Dr

Suite, Apt. #, etc

City & State

Leesburg FL

City & State

Leesburg FL

Zip

34788

Country

USA

Zip

34788

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/09

5. FEI Number

30-0603285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.76 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donald E Stein III

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

10300 Pleasant View Dr.

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34788

700287147007
06/21/16--01033--014 **\$00.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/17/16

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
PSTD	Donald E Stein III	10300 Pleasant View Dr	Leesburg FL 34788
VP	Elaine I Kinder ARNP	10300 Pleasant View Dr	Leesburg FL 34788

REINSTATEMENT

JUN 21 2016

R. HUNT

10. E-mail Address: **des-one@yahoo.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

Donald E Stein III

6/17/16

Date

352-788-8305

Daytime Phone #