

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEP -7 PH10: 03

DOCUMENT # P13000087890

1. Corporation Name

Stephen Alan, Inc.

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

5473 NW 41 Terrace

3. Mailing Office Address

5473 NW 41 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

US

Zip

33496

Country

US

CR2681 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/2013

5. FEI Number

46-4001937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

400818863034

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

*Emily Croft*

Emily Croft

Date

9/7/18

REGISTERED AGENT MUST SIGN

Asst. Vice President

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	Matthew Krathen	935F NW 31 <sup>st</sup> Ave	Pompano Beach FL 33069
VP	Austin Russo	935F NW 31 <sup>st</sup> Ave	Pompano Beach, FL 33069
T	Spencer Russo	935F NW 31 <sup>st</sup> Ave	Pompano Beach FL 33069
<b>REINSTATEMENT</b>			SEP 7 2018
			R. HUNT

10. E-mail Address: arosenberg@kanekessler.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:

*Austin Russo*

Austin Russo

9/05/2018 9:54:58 2037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 378039 4301184  
AUTHORIZATION : *Stephen Alan*  
COST LIMIT : \$ 1350.00

ORDER DATE : September 7, 2018  
ORDER TIME : 11:59 AM  
ORDER NO. : 378039-015  
CUSTOMER NO: 4301184

DOMESTIC FILINGS

NAME: STEPHEN ALAN, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

SEP 7 2018

EXAMINER'S INITIALS R. HUNT

SEP 7 2018 11:59 AM  
TALLAHASSEE, FL 32301  
CORPORATION SERVICE COMPANY

18 SEP -7 PM 1:56

SEP 7 2018