

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000002812

1. Corporation Name

STIEFBOLD ASSOCIATES, INC.

Principal Place of Business

397 MARLBOROUGH ST.  
SUITE 1F  
BOSTON MA 02115

Mailing Address

397 MARLBOROUGH ST.  
SUITE 1F  
BOSTON MA 02115

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1171 COATES LANE

Suite, Apt. #, etc.

City & State

CUDJOE KEY, FL

Zip

33042

Country

USA

3. New Mailing Office Address, if Applicable

1171 COATES LANE

Suite, Apt. #, etc.

City & State

CUDJOE KEY, FL

Zip

33042

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1993

5. FEI Number

04-3228451

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STIEFBOLD, RODNEY P	397 MARLBOROUGH ST., STE 1F 1171 COATES LANE	BOSTON MA 02115 CUDJOE KEY, FL 33042
			000002028340--4 -12/13/96--01012--009 ***383.75 ***383.75
			12/12/96

REINSTATEMENT

8. Name and Address of Current Registered Agent

VURAL, EROL M  
SECOND FLOOR BARNETT BANK BLDG.  
MM 25 U.S. HWY ONE  
SUMMERLAND KEY FL 33042-0829

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #