

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 10:56

DOCUMENT # P93000032485

1. Corporation Name

STAG ENTERPRISES, INC.

Principal Place of Business

30801 SW 195 AVENUE
HOMESTEAD FL 33030
US

Mailing Address

30801 SW 195 AVENUE
HOMESTEAD FL 33030
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1993

5. FEI Number

65-0413558

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	4 City / State / Zip
PD	MCCANN, RICHARD	30801 S.W. 195TH AVE.	HOMESTEAD FL 33030
STD	MCCANN, LINDA L	30801 S.W. 195TH AVE.	HOMESTEAD FL 33030
			900003446569--1
			-11/01/00-01035-013
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

MCCANN, RICHARD
30801 S.W. 195TH AVE.
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-19-00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 334-335-6957

Date

Daytime Phone #

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STAG ENTERPRISES, INC.
1831 MONTGOMERY HWY
LUVERNE, AL 36049
334-335-6957

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FEI 65-0413558

REF: Application for Reinstatement

I called Division of Corporation 10-19-00 and was advised to send \$ 150.00 for the annual report. I had made three previous phone calls that we had moved and have not received the annual report packet. I hope that that this will maintain us to active status.

Sincerely,



Linda L. McCann
Secretary