

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip |
| | 1831 Montgomery Hwy Luverne, AL 36049 |

| | | |
|---|-----------------------------|--|
| 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 <input type="checkbox"/> | | \$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 |
| | | | (B) 10/31 |

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 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 10-19-00

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)(l), 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: REGISTERED AGENT MUST SIGN Date 10-19-00 Daytime Phone # 334-335-6957

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

DOCUMENT # P93000032485

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