

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 30 AM 11:28

DOCUMENT # P94000006728

1. Corporation Name

STYPE BROTHERS, INC.

2. Principal Office Address

2033 W. McNAB Rd

Suite, Apt. #, etc.

SUITE 0

City & State

Pompano Beach, FL

Zip

33069

Country

US

3. Mailing Office Address

2033 W McNAB Rd

Suite, Apt. #, etc.

SUITE 0

City & State

Pompano Beach, FL

Zip

33069

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1-18-94

5. FEI Number

65-0467846

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

PAUL E. STYPE

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

832 S.W. 14th STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

X Paul Stype

REGISTERED AGENT MUST SIGN

Date

X 4/24/08

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
PD	PAUL STYPE	832 SW 14 St.	FT. LAUDERDALE, FL 33315
VPD	DAVID STYPE	832 SW 14 St.	FT. LAUDERDALE, FL 33315
STD	SUSAN STYPE	832 SW 14 St.	FT. LAUDERDALE, FL 33315
REINSTATEMENT 06-08 00012575550 04/30/08--01067--016 **1050.00 B 5/1/08			

10. 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:

X Paul Stype

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL STYPE
PRESIDENT

Date

X 4/24/08

Daytime Phone #

954-984-1801

CR2E081 (01/04)