PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

97-99 AR

FILED
99 MAY 20 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000024157

1 Corporation Name
THE STEVENS ORGANIZATION, INC.

Principal Place of Business
951 BROKEN SOUND PARKWAY
Suite, 135
Boca Raton FL 33487

Mailing Address

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

REINSTATEMENT 97-99 AR

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
23815 Addison Place Ct.	23815 Addison Place Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs FL	City & State: Bonita Springs FL
Zip: 34134 Country: Lee	Zip: 34134 Country: Lee

4 Date Incorporated or Qualified To Do Business in Florida: 3/29/94

5 FEI Number: 65-0481283 ☐ 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
DP	Charlse, Steven	951 Broken Sound Pkwy Ste 135	Boca Raton FL 33487
DVST	Watt, Steven	23815 Addison Place Ct.	Bonita Springs FL 34134

400003292944--2
-06/02/99--01077--015
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Steven Charlse
951 Broken Sound Pkwy, Suite 135
Boca Raton FL 33487

9. Name and Address of New Registered Agent

Name: Naples--Lawdock, Inc.
Street Address (P.O. Box Number is Not Acceptable): 4501 Tamiami Trail N.
Suite, Apt. #, Etc.: Suite 300
City: Naples State: FL Zip Code: 34103

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: Steven Charlse, Vice President* Date: May 18, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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.

5/18/99

SIGNATURE: Matthew Watt as VP. May 11, 1999 (941) 947-2929
Matthew Watt, Vice President
SIGNATURE AND TITLE OF CHAIRMAN, OFFICER OR DIRECTOR — Date — Daytime Phone #