

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 # **94000036637**

1. Corporation Name

J. STELLA, INC.

Principal Place of Business

Mailing Address

**404 WASHINGTON AVE.
MIAMI BEACH, FL 33139**

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
05-16-94

5. FEI Number

6540493422

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DIR.	GIGNAC, LOUIS M.	910 N.E. 4th Street	Delray Beach, FL 33483
DIR. PRES.	STELLA, JOHANNA	910 N.E. 4th Street	Delray Beach, FL 33483
			400002215834--5 -06/18/97--01068--016 ****923.75 ****923.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MURPHY, T.R.
700 W. HILLSBORO BLVD
BLDG 4 SUITE 206
DEERFIELD BEACH, FL 33441**

Name
JOHANNA STELLA, PRESIDENT

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

404 Washington Ave.

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

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] **JOHANNA STELLA**
REGISTERED AGENT MUST SIGN

Date **6-9-97**

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] **JOHANNA STELLA**
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-97

Date

1-305-532-0024

Daytime Phone #

CR20040 (12/96)