

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000040107

1. Corporation Name

JOE STEWART COMMUNICATIONS, INC.

Principal Place of Business

1430 E CALL ST  
STARKE FL 32091

Mailing Address

1430 E CALL ST  
STARKE FL 32091

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

05/27/1994

5. FEI Number

59-3245056

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
P	STEWART, WALTER J	1430 EAST CALL STREET	STARKE FL 32091

000003576340--5

-01/26/01--01071--017

\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

BROWN, ARLINE

1430 E CALL ST

STARKE FL 32091

9. Name and Address of New Registered Agent

Name

Edgar T. Stewart

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

1430 E. CALL ST

Suite, Apt. #, Etc.

City

STARKE

State

FL

Zip Code

32091

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

*Edgar T. Stewart*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date: 7 NOV 2002

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:

*WALTER J. STEWART*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/00)