

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jeffery Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042077**

1. Corporation Name

**Stephen Poole Homes, Inc**

2. Principal Office Address

**4160 Shepherd RD**

Suite, Apt. #, etc.

City & State

**mulberry FL**

Zip

**33860**

Country

**Polk**

3. Mailing Office Address

Suite, Apt. #, etc.

**SAME**

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/31/94**

5. FEI Number

**59-3257125**

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

**Stephen Poole**

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

**4160 Shepherd RD**

Suite, Apt. #, Etc.

City

**mulberry**

State

**FL**

Zip Code

**33860**

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

**Steph M Poole**  
REGISTERED AGENT MUST SIGN

Date **12/18/01**

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
Pres/T	Stephen Poole	4160 Shepherd RD	mulberry FL 33860
VP/S	Melody Poole	"	"

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:

**Stephen M Poole**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/18/01**  
Date

Daytime Phone #

**(63) 607-9574**  
**(63) 660-4524**  
Cell

I talked to a processor & she told me  
to write a letter & the fee would be \$300.-

I'm not sure when you send out renewals  
but I moved in OCT of 98 from 1534  
Kinsman Way, LKLD TO 2570 Crews Lake  
Hills loop N. We moved from Crews Lake Hills  
loop in Feb of 2001 TO 4160 Shepherd RD  
Mulberry FL 33860.

I'm not sure I received it or during

the move it was misplaced.

Thanks for your attention.

Steph Poole

4160 Shepherd RD

Mulberry FL 33860

863-660-4544 (cell)

PS If I need to do anything else please  
let me know. Thanks