

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 FEB -7 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000053126**

1. Corporation Name

**STEDWIN CORPORATION**

Principal Place of Business

8128 GLADES RD  
BOCA RATON FL 33496

Mailing Address

8128 GLADES RD  
BOCA RATON FL 33496

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

07/19/1994

5. FEI Number

65-0515782

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
D	MELENDEZ, EDWIN	1537 SW 119TH AVE	PEMBROKE PINES FL 33025
D	SCHWARTZ, STEPHEN	1 CLARIDGE DR SUITE 211	VERONA NJ 07044
			000002034770--3 -02/12/97--01018--008 ****915.00 ****915.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

MELENDEZ, EDWIN  
1537 SW 119TH AVE  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

Melendez, Edwin

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

7625 Oakboro Dr.

Suite, Apt. #, Etc.

Lake Worth

City

Lake Worth

State

FL

Zip Code

33467

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

*Edwin A. Melendez*

REGISTERED AGENT MUST SIGN

Date

1/28/97

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:

*Edwin A. Melendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 (561) 451-8481

Date

Daytime Phone #

CR20040 (7/96)