PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED

96 DEC 26 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058140

1. Corporation Name

STP OF LAKE WALES, INC.

Principal Place of Business | Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
712 N. SCENIC HWY	712 N. SCENIC HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WALES FL	City & State: LAKE WALES, FL
Zip: 33853 Country: USA	Zip: 33853 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/94

5. FEI Number: 59-3260604 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee

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
PRES.	ANITA YONES	11 N. 4TH ST.	LAKE WALES, FL 33853
V.P.	LOUIS YONES	11 N. 4TH ST.	LAKE WALES, FL 33853
	600002045066--8 -01/03/97--01125--014 ****175.00 ****175.00		600002045066--8 -01/03/97--01125--013 ****400.00 ****400.00

REINSTATEMENT 1996
A. Adams
12/26/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: ANITA YONES
Street Address (P.O. Box Number is Not Acceptable): 712 N. SCENIC HWY.
Suite, Apt. #, Etc.:
City: LAKE WALES State: FL Zip Code: 33853

CR2E040 (12/95)

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Anita Jones — Date: 10-18-96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Anita Jones ANITA YONES 10-18-96 941-676-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #