

**DOCUMENT # P94000088643**

1. Entity Name

**LINDA STUHL, P.A.**

04-07-2000 90040 027 \*\*\*150.00

Principal Place of Business	Mailing Address
4280 GALT OCEAN DR. # 3G FT. LAUDERDALE FL 33308	4280 GALT OCEAN DR. # 3G FT. LAUDERDALE FL 33308-6111

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0537461	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
STUHL, LINDA 4280 GALT OCEAN DR. # 3G FT. LAUDERDALE FL 33308	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <div data-bbox="1318 747 1395 753">FL</div> <div data-bbox="1395 747 1472 753">Zip Code</div>	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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[illegible]

SIGNATURE: Linda Stuhl LINDA STUHL 4-3-00 954-563-5009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #