

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Robert Stevenson  
3078 Woodsong Lane  
Clearwater, FL 33761

CR2E081 (1/07)

DOCUMENT # P94000092653

1. Corporation Name

Seeking Excellence  
A Robert Stevenson Corporation

2. Principal Office Address - No P.O. Box #

3078 Woodsong Lane

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33761

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3291419

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

Robert Stevenson

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

3078 Woodsong Lane

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Robert Stevenson*

REGISTERED AGENT MUST SIGN

Date April 10, 2007

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
President	Robert Stevenson	3078 Woodsong Lane	Clearwater, FL 33761
V.P.	Hazel Ann Stevenson	3078 Woodsong Lane	Clearwater, FL 33761

REINSTATEMENT

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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 contained in Chapter 119, 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:

*Robert Stevenson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

727-789-2727

Daytime Phone #