

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000051894

1. Entity Name
STEPHENS MANAGEMENT, INC.



Principal Place of Business
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

Mailing Address
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

2. Principal Place of Business
411 Jupiter Lane
Suite, Apt. #, etc.

3. Mailing Address
411 Jupiter Lane
Suite, Apt. #, etc.

City & State
Juno Beach, FL

City & State
Juno Beach, FL

4. FEI Number
65-0595026

Applied For
Not Applicable

Zip Country
33408-2012 USA

Zip Country
33408-2012 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, HIXIE A
12395 BANYAN ROAD
NORTH PALM BEACH, FL 33408

Name
Stephens, Hixie A.

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

City
Juno Beach

FL Zip Code
33408-2012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Hixie A. Stephens*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-9-05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STEPHENS, HIXIE A
STREET ADDRESS 12395 BANYAN ROAD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE D
NAME Stephens, Hixie A.
STREET ADDRESS 411 Jupiter Lane
CITY-ST-ZIP Juno Beach, FL 33408-2012 ☒ Change ☐ Addition

TITLE D
NAME STEPHENS, MICHEAL F
STREET ADDRESS 12395 BANYAN ROAD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Delete

TITLE D
NAME Stephens, Micheal F.
STREET ADDRESS 411 Jupiter Lane
CITY-ST-ZIP Juno Beach, FL 33408-2012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hixie A. Stephens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-05

Date

Daytime Phone #

FILED
06 JAN -4 PM 4:01
TALLAHASSEE, FLORIDA



11152005 REIN-P CR2E098 (6/04)

REINSTATEMENT

JAN 06 2006

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01/10/06--01018--014 **300.00