PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 01-04

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 14 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065445

1. Corporation Name
Linda D. Stewart Enterprises, Inc

2. Principal Office Address	3. Mailing Office Address
52 Ponce DeLeon Dr.	S/a
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach FL.	City & State
Zip: 32176 Country: Volusia	Zip Country

100035164491
05/03/04--01015--019 **1200.00

4. Date Incorporated or Qualified To Do Business in Florida: 8-23-95

5. FEI Number: 59-3332793 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Linda D. Stewart
Street Address (P.O. Box Number is Not Acceptable): 52 Ponce De Leon Dr.
Suite, Apt. #, Etc.:
City: Ormond Beach, State: FL Zip Code: 32176

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: Linda D Stewart Date: 4/28/04
REGISTERED AGENT MUST SIGN

CR2E091 (01/04)

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
S	Roxanne Starke	52 Ponce De Leon Dr.	Ormond Beach, FL 32176
P	LINDA D STEWART	52 Ponce DeLeon Dr.	Ormond Beach FL 32176

01-04

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 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: Linda D Stewart LINDA D. STEWART 4/28/04 Daytime Phone # (386) 677-8299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

386 677-8299