

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 22 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069769**

1. Corporation Name

**STEEPLE ROCK MINING COMPANY**

Principal Place of Business

100 RIALTO PLACE, SUITE 500  
MELBOURNE FL 32901

Mailing Address

100 RIALTO PLACE, SUITE 500  
MELBOURNE FL 32901

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1995

5. FEI Number

59-3382512

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

6000008519686

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DC	SOTTILE, JOHN H	100 RIALTO PLACE, SUITE 500	MELBOURNE FL 32901
AS	STRANGE, PATRICIA A	100 RIALTO PLACE, STE 500	MELBOURNE FL 32901
P	FREEMAN, PATRICK S	100 Rialto Place, Ste 500	Melbourne, FL 32901
SD	SEVERS, DWIGHT W	100 Rialto Place, Ste 500	Melbourne, FL 32901
TAS	WHERRY, STEPHEN R	100 Rialto Place, Ste 500	MELBOURNE FL 32901
D	FAZZINI, JOHN P	100 Rialto-Place, Ste 500	Melbourne, FL 32901

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOTTILE, JOHN H  
100 RIALTO PLACE, SUITE 500  
MELBOURNE FL 32901

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date October 21, 2002

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

321-724-1700

Date

Daytime Phone #

CR2EQ40 (8/02)