

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 NOV 12 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073145

1. Corporation Name

STEVEN STOLMAN SOUTHAMPTON, INC.

Principal Place of Business

311 A WORTH AVE
PALM BEACH FL 33480
US

Mailing Address

223 PERUVIAN AVENUE
PALM BEACH FL 33480

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

09/19/1995

5. FEI Number

65-0614716

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STOLMAN, STEVEN	311 A WORTH AVE	PALM BEACH FL 33480

600008888386
11/08/02--01061--010 **150.00

8. Name and Address of Current Registered Agent

O'NEILL, JOHN D
223 PERUVIAN AVENUE
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

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

John D. O'Neill
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

Steven Stolman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2040 (8/02)

STEVEN STOLMAN

November 6, 2002

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Steven Stolman Southhampton, Inc.
Application for Reinstatement

To Whom It May Concern:

I am in receipt of the Notice of Administrative Dissolution or Revocation relative to Steven Stolman Southhampton, Inc. My registered agent and I have reviewed our records and could not find the two uniform business report (UBR) notices which you referenced in your correspondence. Accordingly, I did not receive the UBR notices and hereby request that your Department waive the reinstatement fee.

Enclosed please find the following:

1. Fully executed original copy of the Application for Reinstatement of Steven Stolman Southhampton, Inc. requesting reinstatement of the corporation in the State of Florida.
2. Bank check in the amount of \$150.00 payable to the Florida Department of State representing the fee to file the report without penalty for a for-profit corporation.

At your earliest convenience, kindly reinstate my corporation to active status. Should you have any questions, please feel free to call me at the telephone number below.

Sincerely,



Steven Stolman, President