

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY -6 AM 10:16

DOCUMENT # *P95 0000 82075*

1. Corporation Name

STOOT & ASSOCIATES INC

2. Principal Office Address

7031 HERITAGE RIDGE RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

32312

Country

LEON

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593340193

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

Richard Moeller

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

7031 HERITAGE RIDGE ROAD

Suite, Apt. #, Etc.

500036199675

*05/12/04--01048--023 **308.75*

City

TALLAHASSEE

State
FL

Zip Code

32312

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

Richard Moeller

REGISTERED AGENT MUST SIGN

Date

5/6/04

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
<i>Pres</i>	<i>Richard Moeller</i>	<i>7031 HERITAGE RIDGE RD</i>	<i>TALL FL 32312</i>
<i>Sec</i>	<i>Cheryl Moeller</i>	<i>7031 HERITAGE RIDGE RD</i>	<i>TALL FL 32312</i>

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

Richard Moeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/6/04

Daytime Phone #

668 6852

CR2E081 (01/04)

I Richard Moeller did not
receive my first or second notice
for my 2003 corporate renewal

Richard Moeller