## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

FILED DIVISION OF CORPORATIONS 03 OCT 27 PH 2: 52

## P95000085065 DOCUMENT #

1. Corporation Name

STAWN ENTERPRISE INC.

Principal Place of Business

Mailing Address

4021 54TH AVE. N.

4021 54TH AVE. N.



SEUGEIANY OF STATE ALLAHASSEE, FLORIDA

ST. PETERSBURG FL 33/14		ST. PETERSBURG FL 33/14			I IBBURBUT HO FOLDE BERKE BOUN GOERN GOERN GOVER ENDE GERM BERKE BERKE BERK FOLDE			
If above	addresses are incorrect in any way, line t	hrough incorrect i	information and ent	er correction below.	REIMO	ا فعدد سائم المالية	<del>52</del> ∧3	
			. New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Star	te -	City & State				<b>59-3343429</b> Not Applicable		
Zip	Country	Zip	Cou	ntry	6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fk	orida nonprofit corp	orations must list at le	east 3 directors)			
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD	GERSKY, MARSHA MILLER		4057-51ST AVI	ENTIE		ST. PETERSBURG FL-3	33703	
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			<del>-</del>					
			100024102711 10/27/0301018021 **750,00					
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	8. Name and Address of Curren	ent		9. Make and Address of New Registered Agent				
ún c	n ilanolisti.	-		Name				
	r, Marsha l 54th Avenue North		Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33714				Suite, Apt. #, Etc.			i	
				City		Stat		
10. I, bein	g appointed the registered agent of the al	pove named corp	oration, am familiar	with and accept the o	obligations of Secti	on 607.0505, F.S. or 617.050	05, F.S.	
,								
Signature'd Registered		llw d	DELLA K	<b>)</b>		Date 10-22	03	
	y that I am an officer or director or the rec nstatement application, the reason for dis		,		•	•	,	

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.