

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |  |
|-------------------------------------|--|
| APPLICATION<br>FOR<br>REINSTATEMENT | <br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 18 PM 12:18

DOCUMENT # **P95000085709**

1. Corporation Name

**STILES ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

707 HIGHWAY 98 EAST  
DESTIN FL 32541

707 HIGHWAY 98 EAST  
DESTIN FL 32541  
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3343308

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | STILES, CHARLES E                         | 301 HOLLY STREET                                       | DESTIN FL 32541         |
| D             | STILES, CARMEN G                          | 301 HOLLY STREET                                       | DESTIN FL 32541         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

500003441875--1  
--10/27/00--01025--017  
\*\*\*150.00 \*\*\*150.00

10/16/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STILES, CHARLES E  
301 HOLLY STREET  
DESTIN FL 32541

Name

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

Suite, Apt. #, Etc.

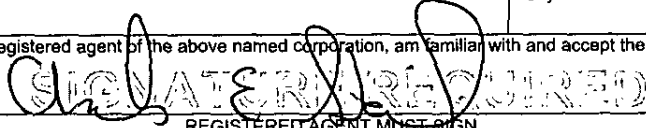
City

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.

Signature of  
Registered Agent

  
REGISTERED AGENT MUST SIGN

Date

10/16/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00 850-654-2764

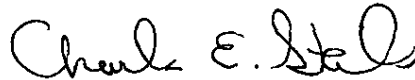
**Stiles Enterprises  
Inc.**

# Memo

**To:** Florida Department of State  
**From:** Charles E. Stiles  
**CC:** CS  
**Date:** 10/16/00  
**Re:** Corporation Reinstatement Stiles Enterprises Inc.

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Spoke with an Agent at the Florida Department of State & told her that we did not receive any notification of any fees due. She said to send a check for \$150.00 with a letter attached explaining that we did not receive any notification & our corporation would be reinstated.



Sincerely, Charles E. Stiles President  
Stiles Enterprises Inc.