

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 31 PM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089086**

1. Corporation Name

CLIVE N. STEPHENSON, CPA, P.A.

2. Principal Office Address

3030 HARTLEY ROAD

Suite, Apt. #, etc.
270

City & State

JACKSONVILLE, FLORIDA

Zip
32257

Country
USA

3. Mailing Office Address

3030 HARTLEY ROAD

Suite, Apt. #, etc.
270

City & State

JACKSONVILLE, FLORIDA

Zip
32257

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/20/95

5. FEI Number
59-3347948

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

CLIVE N. STEPHENSON

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

1112 LAKE PARKE DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32259

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

Date **10/27/2005**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	CLIVE N. STEPHENSON	1112 LAKE PARKE DRIVE	JACKSONVILLE, FL 32259

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

CLIVE N. STEPHENSON

10/27/2005

904-292-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clive N. Stephenson
Certified Public Accountant, P.A.

3030 Hartley Road, Suite 270
Jacksonville, Florida 32257
(904) 292-1411

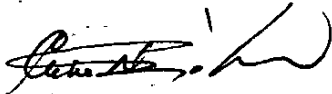
MEMBER
AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS

October 27, 2005

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Please find enclosed a Corporation Reinstatement form for this corporation, along with the filing fee of \$450 for 2003 - 2005. Our office was relocated and we did not receive the annual report forms, therefore I am requesting a waiver of the penalty for late filing.

Sincerely,



Clive N. Stephenson