

1072  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 14 AM 8:00

DOCUMENT # P96000001357

1. Corporation Name  
STVERD INC

932 SW BAYSHORE BLVD  
932 SW BAYSHORE BLVD

2. Principal Office Address  
932 SW BAYSHORE BLVD

3. Mailing Office Address  
932 SW BAYSHORE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PORT ST LUCIE FL

City & State  
PORT ST LUCIE FL

Zip  
34983

Country

Zip  
34983

Country

600041065836  
09/14/04--01058--001 \*\*300.00  
MRS

4. Date Incorporated or Qualified  
To Do Business in Florida 12/29/1995

5. FEI Number  
65-0629542

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  
JOSEPH J EDGE

Street Address (P.O. Box Number is Not Acceptable)  
932 SW BAYSHORE BLVD

Suite, Apt. #, Etc.

City  
PORT ST LUCIE

State  
FL

Zip Code  
34983

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

*Joseph J Edge*  
REGISTERED AGENT MUST SIGN

Date 8/31/04

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
P	JOSEPH EDGE	932 SW BAYSHORE BLVD	PSL FL 34983

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:

*Joseph J Edge*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 7723704159  
Date Daytime Phone #

CR2E001 (01/04)

282  
From: The Tax Shoppe, 932 SW Bayshore Blvd, Port St Lucie, FL 34983

To: Dept of State, Div of Corporations, 409 East Gaines St, Tallahassee, FL 32399

Re: Reinstatement of STVERD, Inc., A Florida Corporation

Dear Sirs:

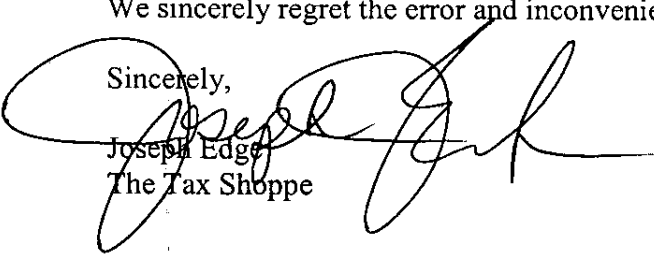
I was recently made aware of the fact that the above referenced corporation was administratively dissolved by the state. After making several phone calls, I was told that the annual report had not been filed. After reviewing our mail logs and incoming files, it was apparent that no documents or notices had been received. I was only made aware of it after checking sunbiz.org.

Enclosed please find a check in the amount of \$300 for the 2003 and 2004 Annual Report (Per Tyrone @ Your Office) as well as the reinstatement form completed and signed.

If you have any questions, please contact me at 772-370-4159 (my cell since we have no power from the hurricane). Our office number is 772-879-2895 and our fax is 772-879-2894.

We sincerely regret the error and inconvenience.

Sincerely,

  
Joseph Edge  
The Tax Shoppe