

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 10 PM 1:02

DOCUMENT # **P96000025061**
 1. Corporation Name **STEWART STABLES INC.**

2. Principal Office Address **3550 S.W. 210 AVE.**
 Suite, Apt. #, etc. /
 3. Mailing Office Address **3550 S.W. 210 AVE**
 Suite, Apt. #, etc. /

City & State **DUNNELOW FLA.** City & State **DUNNELOW FLA.**
 Zip **34431** Country **U.S.A.** Zip **34431** Country **U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number **65-0652164** 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 **Donna Colli** **000004726790-1**
 Street Address (P.O. Box Number is Not Acceptable) **3550 S.W. 210 AVE.** **12/14/01-01047-032**
 Suite, Apt. #, Etc. / *****150.00 ***150.00**
 City **DUNNELOW** State **FL** Zip Code **34431**

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 **Donna Colli** Date **12-10-01**
 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
Pres.	Donna Colli	3550 S.W. 210 AVE.	DUNNELOW FL 34431
All	↓		

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: **Donna Colli Pres.** Date **12-10-01** Daytime Phone # **352-465-2208**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)

Attn: Sec. of State.

"Per phone call."

12-10-01

Attached is C.K. #462 for

removal of my corp.

STEWBALL STABLE INC.

ID-65-0652164

NEW
CURRENT →

Donna Colli
3550 Sw210Th Ave.
Dunnellon, FL-34431

"past it went to
BISCAYNE BLVD.
MIA."

Attached also a copy of last
years ins. to show I have
been @ this address.

I never received any refiling
papers from you. I think I had
made the change with you.

As you see in the past I have
always refiled on time.

NEW
CURRENT → phone is 352-465-2208
fax is 352-465-3032.

Please make my address change in St. Corp.

Hope this can correct
my status. Please
let me know.

Thank you
Donna Colli
Donna S. Colli