

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 22 PM 3:56

DOCUMENT # P 96000076060

1. Corporation Name

Stax Sales Inc.

600003524586--3

-01/05/01--01024--031

****150.00 ****150.00

600003524586--3

-01/05/01--01024--032

****150.00 ****150.00

600003524586--3

-01/05/01--01024--033

****150.00 ****150.00

2. Principal Office Address

101 Jeanette Way

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

U.S.A.

3. Mailing Office Address

101 Jeanette Way

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0698611

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

Matthews Accounting Services, Inc.

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

136 U.S. Hwy. One 860 U.S. One, Suite 210

Suite, Apt. #, Etc.

112

City

North Palm Beach

State

FL

Zip Code

33458

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

[Signature]

Date 12-4-00

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.	Steven Rogove	101 Jeanette Way	Jupiter, Florida 33458
V. Pres.	AGNES BOY SPANIER	101 Jeanette Way	Jupiter FL 33458
Secr.	Steven Rogove	101 Jeanette Way	J
Treas.	AGNES BOY SPANIER	101 Jeanette Way	Jupiter FL 33458

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00 56 748 9980

Date

Daytime Phone #

CR2E081 (9/99)

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MATTHEWS ACCOUNTING SERVICES, INC.
636 U.S. HIGHWAY ONE, SUITE 112
NORTH PALM BEACH, FL 33408
(561) 863-3314
Fax (561) 863-3135

November 3, 2000

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: Stax Sales Inc.
EIN 65-0698611

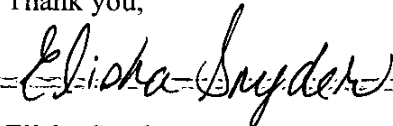
Dear Sir or Madam;

It has come to my client's attention that his corporation, Stax Sales Inc. was administratively dissolved in 1999.

Mr. Rogove never received his 1999 or 2000 reports to file. I am mailing you two separate checks, each in the amount of \$150.00 for Stax Sales Inc. Please waive any penalty fees and reinstate my client's corporation.

Should you need further information, please call me at the above telephone number.

Thank you,



Elisha Snyder
Matthews Accounting Service