

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000087591

1. Corporation Name

STORK INVESTMENTS, INC.

2. Principal Office Address

2505 NE 15 Avenue

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33334

Country

USA

3. Mailing Office Address

2505 NE 15 Avenue

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

Zip

33334

Country

USA

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

10/23/1996

5. FEI Number

650709419

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

James R. Stork

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

2505 NE 15 Avenue

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33334

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

James R. Stork
REGISTERED AGENT MUST SIGN

Date

12/10/02

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, S, T	James R. Stork	2505 NE 15 Avenue	Wilton Manors, FL 33334
VP	Robert Swartz	2501 Lucille Drive	Fort Lauderdale, FL 33316

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02

Daytime Phone #

954-815-3220

CR2E081 (9/01)

954-815-3220