

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -3 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099409

1. Corporation Name

JEFFERY STEWART CORP.

2. Principal Office Address - No P.O. Box #

4327 SOUTH HIGHWAY 27

Suite, Apt. #, etc.

404

City & State

CLERMONT, FLORIDA

Zip

34711

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900163288919

12/03/09--01036--004 **150.00

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida **12/9/1996**

5. FEI Number

65-0717337

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

David Gaynes, Esq.

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

4327 South Highway 27

Suite, Apt. #, Etc.

404

City

Clermont

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Gaynes

Date **11/25/09**

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	David Stewart	58 Leisure Drive	Auburndale, FL 33823

10. E-mail Address: **gaynesd@msn.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

David Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/09

Date

Daytime Phone #