

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102605

1. Corporation Name

STIRRAT/WHARTON GROUP, INC.

Principal Place of Business
4600 SOUTHWEST 67TH AVE.
MIAMI FL 33155

Mailing Address
4600 SOUTHWEST 67TH AVE.
MIAMI FL 33155



~~3700 GALT OCEAN DR #1001 FT. LAUDERDALE FL 33308~~
~~3700 GALT OCEAN DR #1001 FT. LAUDERDALE FL 33308~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3700 GALT OCEAN DR.

Suite, Apt. #, etc.
#1001

City & State
FT. LAUDERDALE FL

Zip
33308

3. New Mailing Office Address, If Applicable
3700 GALT DR

Suite, Apt. #, etc.
#1001

City & State
FT LAUDERDALE FL

Zip
33308

4. Date Incorporated or Qualified To Do Business in Florida

12/20/1996

5. FEI Number

65-0791839

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STIRRAT, SCOTT	4600 SOUTHWEST 67TH AVE.	MIAMI FL 33155
PD	STIRRAT, SCOTT	3700 GALT OCEAN DR #1001	FT LAUDERDALE FL 33308
			500002350345-6
			-11/18/97-01042-025
			***758.75 ***758.75
			8/11/17

8. Name and Address of Current Registered Agent

STIRRAT, SCOTT
4600 SOUTHWEST 67TH AVE.
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name
STIRRAT SCOTT
Street Address (P.O. Box Number is Not Acceptable)
3700 GALT OCEAN DR
Suite, Apt. #, Etc.
#1001
City
FT LAUDERDALE
State
FL
Zip Code
33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/9/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

11/9/97 959-50838
Date Daytime Phone #