

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 24 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005395**

1. Corporation Name

Stefano Investments, Inc.

[Handwritten signature]

2. Principal Office Address

3000 SW 128 Ave

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33175

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0747333

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

JUAN J. Stefano

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

3000 SW 128 Ave.

Suite, Apt. #, Etc.

300003386659-2

-09/08/00--01052--021

*****1058.75 ***1058.75**

City

MIAMI

State
FL

Zip Code

33175

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

[Handwritten signature of Juan J. Stefano]
REGISTERED AGENT MUST SIGN

Date

8/23/00

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

JUAN J. Stefano

3000 SW 128 Ave.

MIAMI, FL 33175

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

Daytime Phone #


[Handwritten signature of Juan J. Stefano] **JUAN J. Stefano** **8/23/00** **305-788-3588**

8/23/00

2052

To: Dept. of State (Division of Corporation)
Ref: Stefano Investments, Inc.
Doc. # P00000060153

This is to notify that I have
no intention to revoke the name
change to this Corporation of new
name to (J & L Stefano Investments, Inc)
I have decided to reinstate
the (Stefano Investments, Inc.)
(Doc # P97000005395.)

Thank You
 Stefano
JUAN J. Stefano