

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FORMED
AND
FILED

00 JUN -8 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000020883**

1. Corporation Name

STNS Corp.

2. Principal Office Address

590 SE 12th Street

Suite, Apt. #, etc.

304

City & State

Dania FL

Zip

33004

Country

3. Mailing Office Address

590 SE 12th Street

Suite, Apt. #, etc.

304

City & State

Dania FL

Zip

33004

Country

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

03/07/1997

5. FEI Number

65-0741648

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

Smolyakov, Aleksander

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

590 SE 12th Street

Suite, Apt. #, Etc.

304

City

Dania

State

FL

Zip Code

33004

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 **06/05/2000**

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
PD	Smolyakov, Aleksander	590 SE 12 th Street	Dania FL 33004

REINSTATEMENT 9600

M. MILLIGAN JUN 19 2000

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:

Smolyakov Aleksander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/2000

Date

(305) 725-0246

Daytime Phone #

CR2E081 (9/99)