

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

**CORPORATION**



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

**FILED**

01 APR -9 AM 9:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000039129**

1. Corporation Name

**Stefemar Service, Inc.**

2. Principal Office Address

**2001 S.W. 20th ST.**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

**113**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL.**

City & State

Zip

**33315**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**5-01-97**

5. FEI Number

**65-0761921**

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

**Steve Diaz**

**500004013635-5**

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

**3031 N 74 Ave**

**04/17/01-01077-009**

**\*\*\*308.75 \*\*\*308.75**

Suite, Apt. #, Etc.

City

**Hollywood**

State

**FL**

Zip Code

**33024**

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

Date **4-2-01**

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
P	Steve Diaz	3031 N 74 Ave	Hollywood FL. 33024
T-S	Marisol Diaz	3031 n 74 Ave same as above	Hollywood FL 33024
M	Cesar de la Presilla	3915 SW 58 Terr	Hollywood FL. 33023
V	Clara de la Presilla	3915 SW 58 Terr same as above	Hollywood FL 33023
			UD-01 482

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

**4-2-01 (954) 261-6913**

Date

Daytime Phone #

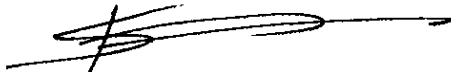
CR2E081 (9/00)

Katherine Harris  
Secretary of State  
FLORIDA DEPT. OF STATE  
Division of Corporations

Mrs. Harris, on July 1999, we moved to the next address: 2001 SW 20 ST , Ft. Lauderdale, Fl. 33315. Bay 113. We never received any correspondence from the State of Florida. We submitted the appropriate information to the US post office however we never got your mail.

We called your office on 3/23/01, and we were advised to explain why we didn't file and send \$300.00. We are sending \$8.75 more for certificate.

Best regards



Steve Diaz  
President