

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV 13 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053279

1. Corporation Name

Stephcorp, INC.

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

5703 Red Bug Lake Rd

3. Mailing Office Address

5703 Red Bug Lake Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

US

Zip

32708

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1998

5. FEI Number

650758690

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

Jeffery W. Miller

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

3829 Blazing Star Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

☒ 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

Jeffery W. Miller

REGISTERED AGENT MUST SIGN

Date

11/6/07

**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
President	Jeffery W. Miller	3829 Blazing Star Dr.	Orlando, FL 32828

700112237017  
11/13/07--01054--018 \*\*1500.00

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 contained in Chapter 119, 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:

Jeffery W. Miller

11/6/07

321-235-0322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**REINSTATEMENT 98-07**

CR2E081 (1/07)