PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P97000056476 DOCUMENT

1. Corporation Name

SIGNATURE:

STOCKARD DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FIGURE PARY OF STATE

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1/10/02 (850) 267-4954

			357 OLD BEACH RD BOX 17 SANTA ROSA BEACH FL 32459			EINSTATEMENT OI-OZ						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								04-19-01 90309 048 \$150-00-				
				ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/26/1997					
Suite, Apt. #, etc. Suite, Apt. #,							5. FEI Number Applied For					
City & State City & State						59-3459466 Not Applicable						
Zip Country Zip			Zip	E GIRARDEAU MO			— 6. CERTIFICATE OF STATUS DESIRED ☐ S8.75 Additional Fee required for a Certificate of Status					
			63702-		<u>u </u>		0	····		<u> </u>		
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flor	nda nonprofit c		 -		<u></u>				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip					
D	STOCKARD, DENNIS			357 OLD BEACH RD., BOX 17				SANTA ROSA BEACH FL 32459				
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	ne and Address of Current	···			9. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						Name DENNIS STOCKARD Street Address (P.O. Box Number is Not Acceptable) 357 OLD BERCH RD BOX 17 Suite, Apt. #, Etc.					CR2E040 (8/01)	
					City SANTA ROSA BEACH				State FL	Zip Code 3245	9	
10. I, being	ر of	ne registered agent of the allocations and the allocations are allocations and the allocations are allocations	ove named corpo			and accept the o	obligations of Sect	,	102			
this rei	nstatement ap by the corpora	officer or director or the recei plication, the reason for disso tion have been paid and the true and accurate, and my si	ofution has been names of individ	eliminated, the uals listed on t	ne corpora this form	te name satisfies do not qualify for	the requirements an exemption un	of section 607.0401 o	r 617.040	1. F.S., tha	t all fees	