

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000080245

1. Entity Name
STEPELTON ADVISORS, INC.



FILED

04 NOV 23 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**WARWICK CONDOMINIUMS
5100 DUPONT BLVD #11B
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**WARWICK CONDOMINIUMS
5100 DUPONT BLVD #11B
FORT LAUDERDALE, FL 33308 US**



2. Principal Place of Business
**Royal Saxon Hotel
Suite, Apt. #, etc.
551 Breakers Avenue
City & State
Ft Lauderdale, FL
Zip
33304 Country
USA**

3. Mailing Address
**Royal Saxon Hotel
Suite, Apt. #, etc.
551 Breakers Avenue
City & State
Ft Lauderdale, FL
Zip
33304 Country
USA**

11012004 REIN-P CR2E098 (6/04)

4. FEI Number
65-0782103

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEPELTON, SEAN
WARWICK CONDOMINIUMS
5100 DUPONT BLVD #11B
FORT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent
**Stepelton, Sean
Street Address (P.O. Box Number is Not Acceptable)
5110 N. Federal Hwy Ste 100
City
Ft Lauderdale FL Zip Code
33308**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/19/04

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPELTON, SEAN 5100 DUPONT BLVD #11B FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stepelton, Sean 5110 N. Federal Hwy Ste 100 Ft Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042436097 11/03/04--01031--019 **\$150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/04