

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~  
REINSTATEMENT



99-01  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 18 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000010987

1. Corporation Name

STEVE & JUDY, INC.

2. Principal Office Address

1005 N. AIA

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLAGLER BEACH, FL

City & State

Zip

32136

Country

USA

Zip

Country

REINSTATEMENT 99-01  
4. Date Incorporated or Qualified  
To Do Business in Florida

020398

5. FEI Number

59-3490495

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

STEVEN D. O'SULLIVAN

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

1005 N. AIA

Suite, Apt. #, Etc.

City

FLAGLER BEACH

State  
FL

Zip Code

32136

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

STEVEN D. O'SULLIVAN

Date 1/16/01

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	STEVEN D. O'SULLIVAN	1768 N. CENTRAL	FLAGLER BEACH, FL 32136
✓	JUDY A. O'SULLIVAN	1768 N. CENTRAL	FLAGLER BEACH, FL 32136

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:

STEVEN D. O'SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00

Date

904 439 2888

Daytime Phone #