

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 JUL -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

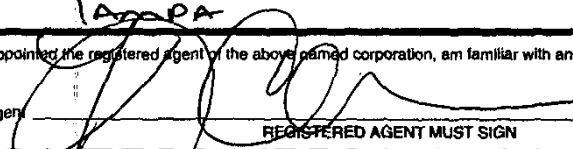
1. Corporation Name **Stephens Financia l Inc.**
P98000028714

REINSTATEMENT 00-04

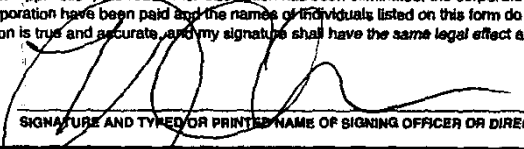
2. Principal Office Address 3115 West Columbus Dr Suite, Apt. #, etc. 111 City & State Tampa, FL Zip 33607		3. Mailing Office Address SAME AS Principal Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 3-27-1998	
5. FEI Number 59-3645348	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 Kenneth Stephens	
Street Address (P.O. Box Number is Not Acceptable) 3115 WEST COLUMBUS DRIVE	
Suite, Apt. #, Etc. 111	
City TAMPA	State FL
Zip Code 33607	

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 6/21/2004
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
CEO	Kenneth B. Stephens	17720 LAKE KEY DR	ODESSA, FL 33556
			SP

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: 	6/21/2004 813 873-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #