

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063280

1. Corporation Name

PAUL STEINER ENTERPRISES, INC.

Principal Place of Business

4839 SWEETMEADOW CIRCLE
SARASOTA FL 34238

Mailing Address

4839 SWEETMEADOW CIRCLE
SARASOTA FL 34238

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5436 FRUITVILLE RD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5436 FRUITVILLE RD

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

Zip 34232 Country USA.

City & State

SARASOTA, FL.

Zip 34232 Country USA

4. Date Incorporated or Qualified To Do Business In Florida

07/17/1998

5. FEI Number

65-0866142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	PAUL STEINER	5221 MAHOGANY RUN AVE #221	SARASOTA, FL 34241
V. Pres.	Eleanor Steiner	5221 MAHOGANY RUN AVE #221	SARASOTA, FL 34241
			LS

8. Name and Address of Current Registered Agent

BUSTARD, R D
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

10/19/99 941 342-6555



(2)

Exactly when you need it."

*To whom it may concern;
I moved my residence and did
not receive correction notice. I sent
in my payment on 4/29/99. Enclosed
is a copy of check.*

*Thank you
Paul Turner*

