

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

08192

00 OCT 30 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000068454**

1. Corporation Name

STEGE'S CARPENTRY, INC.

Principal Place of Business

1667 FOLKSTONE RD
TALLAHASSEE FL 32312

Mailing Address

1667 FOLKSTONE RD
TALLAHASSEE FL 32312

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **39-3534791**
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| D | STEGE, JAMES E II | 1667 FOLKSTONE RD | TALLAHASSEE FL 32312 |
| VP | Nichols, Toodie | 11337 S.E. Yamhill St | Portland, OR. 97216 |
| S | Stege, Brandi | 1667 Folkstone Rd. | Tallahassee, FL. 32312 |
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SP

8. Name and Address of Current Registered Agent

WALKER, CLAUDE R
106 E COLLEGE AVE, SUITE 900
TALLAHASSEE FL 32301

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED PRESIDENT

8/31/00 850-591-914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

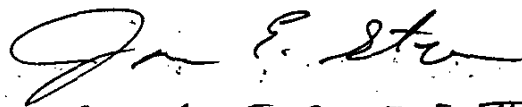
Date Daytime Phone #

4g2q2

8-31-00

To Whom It may concern,

This letter is to inform the division
that I did not receive the Year 2000
notification of renewal notice,



JAMES E STEGE II

PRESIDENT

STEGE'S CARPENTRY INC