

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 22 PM 12:34

DOCUMENT # P98000075916

**1. Corporation Name**

STOUGHTON AND GOLDSTEIN LIMITED, INC.

**2. Principal Office Address**

5 Ellington Drive

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

Zip

32137

Country

USA

**3. Mailing Office Address**

P. O. Box 429

Suite, Apt. #, etc.

City & State

Bunnell, Florida

Zip

32110

Country

REINSTATEMENT

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08-28-1998

**5. FEI Number**

59-3561497

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

William P. Stoughton

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

5 Ellington Drive

Suite, Apt. #, Etc.

City

Palm Coast, Florida

State

FL

Zip Code

32137

**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

*William P. Stoughton*

Date 12-20-00

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/D	William P. Stoughton	5 Ellington Drive	Palm Coast, FL 32137
D	Harvey Goldstein	3348 Kings Road S.	St. Augustine, FL 32086

**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:

*William P. Stoughton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-00

Date

(904) 586-5665

Daytime Phone #