

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 30 PM 1:28

DOCUMENT # P98000083681

1. Corporation Name

Stif-Arm Inc.

2. Principal Office Address

460 Grace Avenue

3. Mailing Office Address

P. O. Box 191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip  
32401

Country  
USA

Zip  
32402-0191

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1998

5. EEL Number

593538076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Samuel T. Adams

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

460 Grace Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

REINSTATEMENT 4/10/06

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

March 29, 2006

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
DP	Samuel T. Adams	460 Grace Avenue	Panama City, FL 32402-0191
DST	William C. Huggins	1431 Dover Road	Panama City, FL 32404

700073520277

05/01/06--01059--009 \*\*450.00

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 contained in Chapter 119, 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:

Samuel T. Adams, President, March 29, 2006, 850-785-3469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams MAR 30 2006

LAW OFFICE OF  
**SAMUEL T. ADAMS**  
460 GRACE AVENUE  
PANAMA CITY, FLORIDA 32401

TRIAL PRACTICE  
PERSONAL INJURY and  
WRONGFUL DEATH  
MARITAL and FAMILY LAW

**MAILING ADDRESS:**  
P.O. BOX 191  
PANAMA CITY, FLORIDA 32402-0191  
(850) 785-3469  
FAX (850) 769-0040

March 29, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Stif-Arm, Inc.

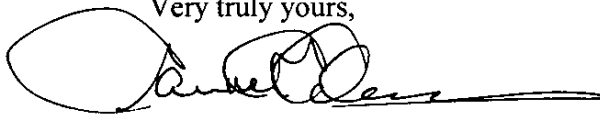
Dear Department of Corporations:

I am requesting reinstatement of the referenced corporation and waiver of the reinstatement fee. A reinstatement application and a check in the amount of \$450.00 in payment of the filing fee for 2004, 2005 and 2006 are enclosed.

The only asset of this Corporation is ownership of two patents and a trademark. The Corporation has never actually done business, but prospects seem good that it will do so in the future. The Corporation's address was my home address on Brook Forest Drive in Panama City. I moved from that address in September of 2003 and put in a change of address for myself with the postal authorities but did not think to put in a change of address for the Corporation. The post office did not forward the annual report forms from the Secretary of State, and I can only assume they were delivered to the old address and thrown away by the new owners. Because the Corporation has not been active in a business sense, I did not think about filing annual reports until recently when I checked your website and found the Corporation had been administratively dissolved.

I would be most appreciative if you would waive the reinstatement fee. I promise to be more diligent in the future about filing annual reports and paying the annual fee.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Samuel T. Adams', with a long horizontal flourish extending to the right.

Samuel T. Adams

STA/lm  
encs. (2)  
cc: Bill Huggins (w/encs.)