

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 31 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086111

1. Corporation Name

STEVEN'S PINE STRAW, INC.

2. Principal Office Address

455 SW Oyster Shell Glen

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32024

Country

Columbia

3. Mailing Office Address

455 SW Oyster Shell Glen

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip

32024

Country

Columbia

REINSTATEMENT

0305

4. Date Incorporated or Qualified
To Do Business in Florida

10-5-98

5. FEI Number

59-3536265

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

Don R. Stevens

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

455 SW Oyster Shell Glen

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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

Don R. Stevens

REGISTERED AGENT MUST SIGN

Date

1-28-05

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/T	Don Stevens	455 SW Oyster Shell Glen	Lake City, FL 32024

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: Don Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-05-386
755-4477

Daytime Phone #

CR2E031 (01/05)