

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 13 PM 12:53

DOCUMENT # **P99000069097**

1. Corporation Name

**Stephy Enterprises, Inc**

000004961420--9  
-02/20/02--01052--019  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

**uBR**

**00 02**

2. Principal Office Address

**19731 W. OAKMONT DR**

Suite, Apt. #, etc.

City & State

**Hialeah, FL**

Zip

Country  
**U.S.A.**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 29 1999**

5. FEI Number

**05-0939388**

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

**Raquel E. Munoz**

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

**19731 W. OAKMONT DR**

Suite, Apt. #, etc.

City

**Hialeah**

State  
**FL**

Zip Code

**33015**

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

**Raquel E. Munoz**

REGISTERED AGENT MUST SIGN

Date **2/8/02**

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

<b>OWNER</b>	<b>O - P</b>	<b>President</b>	<b>Maximo R. Rodriguez</b>	<b>19731 W. OAKMONT DR</b>	<b>Hialeah, FL</b>
<b>OWNER</b>	<b>V - P</b>	<b>Vice-President</b>	<b>Raquel E. Munoz</b>	<b>19731 W. OAKMONT DR</b>	<b>33015</b>
<b>REGISTERED AGENT</b>	<b>V - S.</b>			<b>Hialeah, FL</b>	<b>33015</b>

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-02/20/02--01052--018  
\*\*\*\*450.00 \*\*\*\*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 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

Daytime Phone #

CR2E081 (9/01)

2 of 2

# Stephy Enterprises, Inc.

19731 W. Oakmont Dr

Hialeah, Fl 33015

Off 305 829 4105 cell 786 255 6577 786 423 6577

February 8, 2002

from: Stephy Enterprises, Inc

To: ~~UBR Report to 2000 year~~

Re: Corporation #P99000069097

This letter it's to please wave the penalty  
Of our corporation from the years 2000 thru 2002  
This happened due to non-receipt of the uniform  
Business report, plus the annual report/uniform  
Business report.

Thank you,

MAXIMO RODRIGUEZ

~~President- Owner~~

Incorporator



RAQUEL E. MUNOZ

~~Vice-President- Owner~~

Incorporator- Secretary

Registered Agent