

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 99 000069097**

1. Corporation Name

STEPHY ENTERPRISES, INC

2. Principal Office Address

19308 E LAKE DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33015 DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0939385

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 MUNOZ

300036938403

05/19/04--01061--002 **150.00

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

19308 E LAKE DR

300036938403

05/19/04--01061--003 **150.00

Suite, Apt. #, Etc.

City

MIAMI

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 **5-1-04**

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	MAXIMO R. RODRIGUEZ	19308 E LAKE DR.	MIAMI, FL 33015
V/P	RAQUEL E. MUNOZ	19308 E LAKE DR.	MIAMI, FL 33015

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:

Raquel E. Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04
Date

786-306-6239
Daytime Phone #

CR2E081 (01/04)

Attachment

payed

#P99000069097

May 1, 2004

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500--

Re: Reinstatement for
Stephy Enterprises, Inc.
Certificate # P99000069097

Attached please find Reinstatement Report for the above mentioned corporation and the check in the amount of \$ 300.00 Fees.

Please accept the 300.00 Dollars payment and waive the penalty for being late for the year 2003 and 2004 due to the fact that we sent the annual renewal report for the year 2003 and payment but for some reason it was not renewed, I spoke with Sean yesterday 4-30-2003 and asked me to submit the annual report with the amount of \$ 300.0 for the two years renewal.

If further information is needed please contact me.

Sincerely,


Raquel E. Munoz

19308 E Lake Drive
Hialeah, Florida 33015