

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OFFICIAL USE
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:21

DOCUMENT # **P99000076322**

1. Corporation Name

JIM STAUBER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**4431 DAVIE ROAD, #109
DAVIE FL 33314**

**4431 DAVIE ROAD, #109
DAVIE FL 33314**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0950676

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	STAUBER, JIM	4431 DAVIE ROAD, #109	DAVIE FL 33314

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-10/25/01--01030--015

******150.00 ****150.00**

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STAUBER, JIM
4431 DAVIE ROAD, #109
DAVIE FL 33314**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-11-01**

11. 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 #

10-11-01

CR2ED40 (8/01)



Jim Stauber & Assoc Inc
4431 Davie Rd Ste 109
Davie, Fl 33314

Date: 10-11-01

Re: Reinstatement of Corp

To Whom it May Concern:

Please be advised I have not received any
notices regarding payment. I am enclosing a check for \$150 per the
instructions from your office with the reinstatement form.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim", is written over the word "Sincerely,".

Jim Stauber