

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98766**

1. Corporation Name

ST. STEPHEN'S INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5812 N. 22ND ST.
TAMPA FL 33610

5812 N. 22ND ST.
TAMPA FL 33610

HA



REINSTATEMENT 2003

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

5277 Ehrlich Rd
Suite, Apt. #, etc.

5277 Ehrlich Rd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1991

5. FEI Number

59-3095532

Applied For

☒ Not Applicable

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

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
D	DIBBS, STEPHEN J.	5812 N. 22ND ST.	TAMPA FL

800024525578
11/07/03--01070--007 **750.00

8. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Stephen J. Dibbs

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

5277 Ehrlich Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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. or 617.0505, F.S.

Signature of
Registered Agent

Stephen J. Dibbs

Date 11-4-03

REGISTERED AGENT MUST SIGN

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

11-4-03 813-908-9754
Date Daytime Phone #

CR2E040 (7/03)