

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000088592

1. Corporation Name

Stiber Services, Inc.

100175470341  
04/20/10--01016--015 \*\*150.00

100175470341  
04/13/10--01003--007 \*\*300.00

2. Principal Office Address - No P.O. Box #

1909 NW 74th Way

Suite, Apt. #, etc.

3. Mailing Office Address

1909 NW 74th Way

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

8/6/07

5. FEI Number

26-0658800

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

Leigh Ann Stiber

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

1909 NW 74th way

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent

Leigh Ann Stiber

REGISTERED AGENT MUST SIGN

Date 4/8/10

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	Leigh Ann Stiber	1909 NW 74th way	Pembroke Pines, FL 33024
VP	Michael J. Stiber, II	1909 NW 74th way	Pembroke Pines, FL 33024

10. E-mail Address: lastiber@att.net

(To be used for future annual report notification)

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 807 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: Leigh Ann Stiber