

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

04 DEC 30 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2000089428

**1. Corporation Name**

S-TEEM TOO, INC.

4033 MARINER BLVD  
PO BOX 5987

**2. Principal Office Address**

4033 MARINER BLVD

Suite, Apt. #, etc.

**City & State**

SPRING HILL, FL

**Zip**

34609

**Country**

HERNANDO

**3. Mailing Office Address**

PO BOX 5987

Suite, Apt. #, etc.

**City & State**

SPRING HILL, FL

**Zip**

34611

**Country**

HERNANDO

**4. Date Incorporated or Qualified  
To Do Business in Florida** 08/16/02

**5. FEI Number**  
74-302454

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**

JUDI STEIN

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

4033 MARINER BLVD

Suite, Apt. #, Etc.

**City**

SPRING HILL

**State**  
FL

**Zip Code**  
34611

2000044526478  
01/11/05--01037--011 \*\*300.00

**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

REGISTERED AGENT MUST SIGN

Date 12/22/04

**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
PRESID	DORIS C. STEIN	115 PENN LEAR DR	MONROEVILLE, PA 15146
TREAS	MACY E. STEIN	115 PENN LEAR DRIVE	MONROEVILLE, PA 15146
SECR	JUDI L. STEIN	PO BOX 5987	SPRING HILL, FL 34611

**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

12/22/04

Date

352-683-3023

Daytime Phone #

CR2E081 (01/04)