

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 1997 NOV 24 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005597**

1. Corporation Name
STEP FROM THE BEACH, INC.

Principal Place of Business 1026 MAIN ST DAYTONA BEACH SHORES FL 32118 US	Mailing Address 1026 MAIN ST DAYTONA BEACH SHORES FL 32118 US
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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 01/19/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3169737	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LAOUN, GHASSAN	436 AUBURN DR #52	DAYTONA BEACH FL 32118
STD	GHOBEIRA, CHARLES	436 AUBURN DR #52	DAYTONA BEACH FL 32118
			800002358348-9 -11/26/97--01092--021 ****750.00 ****750.00
			REINSTATEMENT 9/19/97 11/24/97

8. Name and Address of Current Registered Agent FOSTER, WALTER E III 315 S PALMETTO AVE DAYTONA BEACH FL 32114		9. Name and Address of New Registered Agent Name: CHARLES GHOBEIRA Street Address (P.O. Box Number is Not Acceptable): 436 AUBURN DR Suite, Apt. #, Etc.: #52 City: DAYTONA BEACH State: FL Zip Code: 32118	
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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: *[Signature]* REGISTERED AGENT MUST SIGN Date: **NOV 19 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **NOV 19 1997** Daytona Beach, FL

CR2E040 (3/97)