

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 23 AM 10:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PA3000005597

1. Corporation Name

STEP FROM THE BEACH, INC.

Principal Place of Business

Mailing Address

1026 Main Street
Daytona Beach, Florida 32118

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida 01/19/1993

5. FEI Number 59-3169737

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **STATE ADDITIONAL REQUIREMENTS 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	Ghobeira, Charles	1100 Main Street	Daytona Beach, FL 32118
STD	Farhat, Tanios	117 Sawtooth Lane	Ormond Beach, FL 32174

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

Charles Ghoberia
436 Auburn Drive, #52
Daytona Beach, FL 32118

9. Name and Address of New Registered Agent

Name
Michael A. Van Houten
Street Address (P.O. Box Number is Not Acceptable)
114 South Palmetto Avenue
Suite, Apt. #, Etc.
City
Daytona Beach
State
FL
Zip Code
32114

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

Michael A. Van Houten

REGISTERED AGENT MUST SIGN

Date 12-22-99

11. This corporation owes 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:

Tanios Farhat STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-99
Date

904-274-7607
Daytime Phone #

KE