

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -4 AM 10: 29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000066592**

1. Corporation Name
ARLENE STEINWEG INC.

Principal Place of Business
**1439 S.W. 54TH TERRACE
 CAPE CORAL FL 33914**

Mailing Address
**1439 S.W. 54TH TERRACE
 CAPE CORAL FL 33914**



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, if Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
07/27/1998

5. FEI Number
65-0862290

6. CERTIFICATE OF STATUS DESIRED **Applied For** / **Not Applicable**

\$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	STEINWEG, ARLENE	1439 S.W. 54TH TERRACE	CAPE CORAL FL 33914
D	STEINWEG, ROBYN	1439 S.W. 54TH TERRACE	CAPE CORAL FL 33914

~~300009046573-3~~
 -11/17/99--01005--011
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

**STEINWEG, ARLENE
 1439 S.W. 54TH TERRACE
 CAPE CORAL FL 33914**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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]* Date **10/12/99**
 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.

KE

SIGNATURE: *[Signature]* Date **10/12/99** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)