## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

FILEU SECHETARY OF STATE HYISION OF CORPORATIONS

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ation Name							·
2. Principal Office Address 8565 Dalkeith Ln Suite, Apt. #, etc.  City & State Miami Lakes, FL33016			3. Mailing Office Address 8565 Dalkeith Ln Suite, Apt. #, etc.  City & State Miami Lakes, FL 33016				## PEINSTATE   PEI
	Country	,	Zip		Country		6. S8.75 Additional Fee required
6	USA		33016	}	USA	١	CERTIFICATE OF STATUS DESIRED 50.73 Additional Fee required for a Certificate of Status
Suite, Apt. City Mi	ress (P.O 8565 #, Etc.	Box Number is No Dalkeit	rdenas ot Acceptable) ch Lane	oration, am fa	miliar with and accept	4.22	70003406467-8 -09/27/0001057009 ***1050.00 ***1050.00  State Zip Code FL 33016
and Street A	ddresses	of Each Officer and	Vor Director (Flo	orida nonprof			
Name of Officers and/or Directors							
Olga	a De	Cardenas	,	8565	Dalkeith	Lar	ne Miami Lake, FL 33016
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	Name  Street Add  Suite, Apt.  City  Mia  Agent  and Street Add	To A Step In To A Street Address (P.O. 856!  Suite, Apt. #, Etc.  City Miami I appoint of the registered Agent Addresses  Officer	JMENT # 357309  Ition Name 7-A-Step Inc.  I Office Address Dalkeith Ln  I, etc.  I Lakes, FL33016  Country USA  Name Olga De Car Street Address (P.O. Box Number is N. 8565 Dalkeit Suite, Apt. #, Etc.  City Miami Lakes  appoint to the registered agen of the about Agent  Name of Officers and/or Directors	JMENT # 357309  tion Name 7-A-Step Inc.  3. Mailing C 8565  Balkeith Ln City & State Lakes, FL33016  Lakes, FL33016  VISA Country JUSA Country Jusa Street Address (P.O. Box Number is Not Acceptable) 8565 Balkeith Lane Suite, Apt. #, Etc.  City Miami Lakes  appoint to the registered agent of the above parced corporated and Street Addresses of Each Officer and/or Director (Flatence of Street Addresses of Each Officer and/or Director	JMENT # 357309  Ition Name  7-A-Step Inc.  In Office Address Dalkeith Ln Suite, Apt. #, etc.  City & State  Lakes, FL33016 Miami Lakes, Country Zip JUSA 33016  7. Name and Act  Name Olga De Cardenas Street Address (P.O. Box Number is Not Acceptable) 8565 Dalkeith Lane Suite, Apt. #, Etc.  City Miami Lakes  Apent  REGISTERED AGENT MUST  Name of Officers and/or Directors	JMENT # 357309  Ition Name  7-A-Step Inc.  3. Malling Office Address Dalkeith Ln 8565 Dalkeith Ln Suite, Apt. #, etc.  City & State Lakes, FL 33016 Miami Lakes, FL 33016 Country USA 7. Name and Address of Current Re Name Olga De Cardenas Street Address (P.O. Box Number is Not Acceptable) 8565 Dalkeith Lane Suite, Apt. #, Etc.  City Miami Lakes  appoint the registered gen of the above parted corporation, am familiar with and acceptagent Agent REGISTERED AGENT MUST SIGN  and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lie  Name of Officers and/or Directors  Street Address of Officer and/or Director (Florida nonprofit corporations must lie  Name of Officers and/or Directors	JMENT # 357309  Ition Name  7-A-Step Inc.  3. Mailing Office Address Dalkeith Ln 8565 Dalkeith Ln Suite, Apt. #, etc.  City & State Lakes, FL 33016 Miami Lakes, FL 33016  Country Zip Country USA 33016 USA  7. Name and Address of Current Register Name Olga De Cardenas Street Address (P.O. Box Number is Not Acceptable) 8565 Dalkeith Lane Suite, Apt. #, Etc.  City Miami Lakes  Agent REGISTERED AGENT MUST SIGN  and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leteration of the control of the cont

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:

Olga De Cardeans SIGNATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00 Date

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