

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 8:51

DOCUMENT # 357309

1. Corporation Name

Sav-A-Step Inc.

2. Principal Office Address

8565 Dalkeith Ln

Suite, Apt. #, etc.

City & State

Miami Lakes, FL 33016

Zip

33016

Country

USA

3. Mailing Office Address

8565 Dalkeith Ln

Suite, Apt. #, etc.

City & State

Miami Lakes, FL 33016

Zip

33016

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1231/69

5. FEI Number

59-1300397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Olga De Cardenas

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

8565 Dalkeith Lane

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

700003406467-8

-09/27/00--01057--009

***1050.00 ***1050.00

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

Date 9/22/00

REGISTERED AGENT MUST SIGN

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
PD	Olga De Cardenas	8565 Dalkeith Lane	Miami Lake, FL 33016

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

9/22/00

Date

305 5412140

Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR