

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

357309

1. Corporation Name

SAV-A-STEP, INC.

700065824597
02/14/06--01024--016 **1050.00

2. Principal Office Address

8565 DalKeith Lane

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

US

3. Mailing Office Address

8565 DalKeith Lane

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

US

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-69

5. FEI Number

59-1300397

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

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

Olga De Cardenas

REGISTERED AGENT MUST SIGN

Date

1/22/06

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 Lakes, 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 contained in Chapter 119, 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 Cardenas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22-06

Daytime Phone #

305-823-7812

K. Eckel FEB 01 2006