DI EASE BEAD	ALL INICT	DITCTIONS	BEFORE C	OMPLETI	NG THIS FORM		
APPLICATION FOR REINSTATEMENT	FOR Sandra B. Mort			APPROVEL AND FILED 98 DEC 17 PM 4: 54			
DOCUMENT# 726184							
Steppin' Stone Form , Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
W98-27190 Principal Pixe of Business Mailing Address				<u> </u>			
8421 Pritcher Rd. Same				1			
Lithia, Florida 33547				EINSTATEMENT 97-98			
If above addresses are incorrect in any way, line through incorrect information and enter community. If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address 4.				Date Incorporate	orated or Qualified	7	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	75	To Do Business in Florida 4 20 73 5. FEI Number Applied For			
City & State	City & State		· · · · · · · · · · · · · · · · · · ·	23-7348139 Not Applicable			
Zip Country	Zip	Country	 	6. CERTIFICATE	S8.75 Additional Fee require for a Certificate of Status	ď	
Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo		ions must list at lea et Address of Each			_	
Title(s)			cer and/or Director e Post Office Box N	lumbers)	City / State / Zip		
Pres. Edward H. Keiser	·Tr.D	Bover, F	ewnerds t.	it Place	Dover, Fl. 33527		
15+	7			1			
v.p. James Zetler		250 Eag	gie pri	<u>/e</u>	Jupiter, F1. 33477	-	
v.p. Rev. Richard E	bills L	1202 E.	Cherry:	<u>St.</u>	Plant City, Fl. 33566		
Sec. Robert Loeber	<u></u>	908 Km	ight St.		Plant City, Fl. 33566		
Tres. Mike Thomas	Thomas D 8868 Thom			unch Ln.	Tampa, Fl. 33626		
				7000027256570 -12/30/9801001004			
8. Name and Address of Current Registered Agent Nam				9. Name and Address of New Reportered Agent *** 297. 50			
Cynthia S. Churchill			Street Address (P.O. Box Number is Not Acceptable)				
8421 Pritcher Rd. 1:4hia, Fl. 33547			Street Address (P.O. Box Number is Not Acceptable)				
Little City of the South			City State Zip Code				
10. I, being appointed the registered agent of the abo	ve named corpo	oration, am familiar wit	h and accept the o	bligations of Secti		7	
Signature of Registered Agent (Intilize S. (Nauchill REGISTERED AGENT MUST SIGN) Date 1000 21, 19							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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: CINTLE S. C. SIGNATURE AND TYPED OR PRI	hurch NTED NAME OF S	CYP BIGNING OFFICER OR D	Hhia S. C	hurch	U NOU J 1998 Date Daytime Phone #		