

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 18 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731978

1. Corporation Name

First Step of Polk County, Inc.

2. Principal Office Address		3. Mailing Office Address	
2124 Crystal Grove Dr.		2124 Crystal Grove Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lakeland, FL		Lakeland, FL	
Zip	Country	Zip	Country
33801	Polk	33801	Polk

800030739158
03/18/04--01062--010 **542.50

4. Date Incorporated or Qualified To Do Business in Florida	
2125175	
5. FEI Number	Applied For
59-1628244	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name		
Steve Criss		
Street Address (P.O. Box Number is Not Acceptable)		
2124 Crystal Grive Dr.		
Suite, Apt. #, Etc.		
City		State
Lakeland, FL		FL
		Zip Code
		33801

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 *Steve Criss* Date 3-12-04
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
Pres	Steve Criss	2124 Crystal Grove Dr	Lakeland, FL 33801
V. Pres	Nancy Simpson	2124 Crystal Grove Dr.	Lakeland, FL 33801
Treas.	Erich Hummel	10800 Evans Road	Polk City, FL 33868-6925
Sec.	Bob Lattig	2124 Crystal Grove Dr.	Lakeland, FL 33801

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: *Nancy S. Simpson* Date 3-12-04 Daytime Phone # 863-499-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR