

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**REINSTATEMENT** 99-04

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 Zip Code
Lakeland, FL	FL 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*

REGISTERED AGENT MUST SIGN

Date 3-12-04

**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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04 863-499-2222

Date

Daytime Phone #