

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004747

1. Corporation Name

AdStep, Inc.

2. Principal Office Address

1623 Avoca Place

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32207

Country

USA

3. Mailing Office Address

1623 Avoca Place

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32207

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2000

5. FEI Number

56-21-72510

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

Rea Nelson Lemmond Jr.

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

1623 Avoca Place

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

Rea Nelson Lemmond Jr.

Date 2-25-03

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
PDT	Lemmond, Rea Nelson Jr.	1623 Avoca Place	Jacksonville, Florida, 32207
VSD	Lemmond, Rea Nelson Sr.	2633 Richardson Drive	Charlotte, North Carolina, 28211

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:

Rea Nelson Lemmond Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

904-346-5200

Daytime Phone #

CR2E081 (10/02)

2/2/03



Tuesday, February 25, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear : Whom May Concern

Enclosed is a check for \$300.00 for Corporation Reinstatement, along with the applicable form. In the past I did not receive the Uniform Business Report that was mailed due to the fact that I have been working overseas for the last year. During that time the mail was being forwarded up to our North Carolina office to Rea Nelson Lemmond Sr. who happened to have been going through health issues and did not have knowledge via his Secretary whom would handle these kinds of issues. I and AdStep apologize for this mistake and will keep our status with the State of Florida current in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Rea Nelson Lemmond Jr.", is written over a horizontal line.

Rea Nelson Lemmond Jr.
President