

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 9:24

DOCUMENT # H28284

1. Corporation Name

STEPET, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

Principal Place of Business

39 BOARDWALK AVE
DAYTONA BEACH FL 32118
US

Mailing Address

44 N. OCEAN DR.
DAYTONA BEACH FL 32118
US



500025258925

12/05/03--01053--004 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1984

5. FEI Number

59-2471578

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	LAURICELLA, ELIZABETH	2616 S. ATLANTIC AVENUE	DAYTONA BEACH FL
VP	HASKAS, MARIA	2616 S ATLANTIC AVE.	DAYTONA BCH FL
P	PETRAS, STEVE	2616 S ATLANTIC AVE	DAYTONA BEACH SHORES FL 32118

8. Name and Address of Current Registered Agent

PETRAS, STEVE
44 OCEAN AVE
DAYTONA BCH SHORES FL 32118

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Steve Petras
REGISTERED AGENT MUST SIGN

Date

11/03/03

11. 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:

Elizabeth Lauricella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth Lauricella

11/03/03
Date

386-767-4275
Daytime Phone #

CR2E040 (7/03)

**Stepet, Inc.
dba Pizza King
44 Ocean Avenue
Daytona Beach, Florida 32118**

November 21, 2003

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

Re: Application for Reinstatement

Dear Ms Glenda Hood ;

As per your instructions I am writing this letter to reinstate Stepet, Inc.. I am asking to have the reinstatement fee waved, for this is the only UBR notification I have received for this year. Stepet has been incorporated since 1984 and we are continuing to do business as Stepet, Inc.

Enclosed please find our check in the amount of \$150.00

Please call if you have any questions. 386-767-4275

Thank you,



Elizabeth Lauricella,
Secretary