

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB -6 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 205000030740

1. Limited Liability Company's Name

Step One Services, LLC

300143013593  
02/06/09--01030--001 \*\*421.25  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1103 S. Adams St

Suite, Apt. #, etc.

10

City & State

Tallahassee

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Florida

Zip

32311

Country

Leon

Zip

Country

4. State/Country of Formation

Fla - Leon

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

02-0558358

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sarita Carter

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

1529 Twin Lake Circle

Suite, Apt. #, etc.

Tallahassee

City

State

FL

Zip Code

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Sarita Carter

REGISTERED AGENT MUST SIGN

Date

1/6/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mrm	Sarita Carter	1529 Twin Lake Circle	Tall FL 32311
mrm	Isaiah Carter	1529 Twin Lake Circle	Tall FL 32311

**REINSTATEMENT**

07-09-03

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Sarita Carter

Date

1/6/09

Daytime Phone #

224-7837

Typed or printed name of signing Managing Member/Manager