

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000039222

1. Limited Liability Company's Name

STEP ONE, L.L.C.

CR2E041 (10/08)

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

2500-1 N. State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

3. Mailing Office Address

2500-1 N. State Road 7

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

April 21, 2005

6. FEI Number
20-2832642

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

Alex Sorsher

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

2500-1 N. State Road 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ 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

REGISTERED AGENT MUST SIGN

Date

02/10/09

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
MGR	PIOTROVSKAYA, MARIA	2500-1 N. State Road 7	Hollywood, FL 33021
MGR	KOCHETKOV, SERGEY	2500-1 N. State Road 7	Hollywood, FL 33021
	L. SELLERS		500144173445 02/23/09--01010--017 **416.25
	MAR 11 2009		
	EXAMINER	REINSTATEMENT	07-09

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

Date 02/10/2009

Daytime Phone #

Typed or printed name of signing Managing Member/Manager SERGEY KOCHETKOV