

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L46163**

1. Corporation Name

WILLIAM BAINBRIDGE STEELE, INC.

Principal Place of Business

% WILLIAM BAINBRIDGE STEELE
 4625 NORTH AIA
 VERO BEACH FL 32963-1345

Mailing Address

% WILLIAM BAINBRIDGE STEELE
 4625 NORTH AIA
 VERO BEACH FL 32963-1345

If above addresses are incorrect in any way, use through nearest information word center in Florida.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	STEELE, WILLIAM B.	4625 NORTH AIA	VERO BEACH FL 32963

8. Name and Address of Current Registered Agent

STEELE, WILLIAM BAINBRIDGE
 4625 NORTH AIA
 VERO BEACH FL FL 32963

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc
 City
 State | Zip Code
FL

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.

Signature of Registered Agent

THE REGISTERED AGENT MUST SIGN

Date: **3/28/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

561,231,2998

FEE (By Check Only)

99 APR - 6 PM 3:44

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1990

5. FEI Number

65-0170203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

500002837515--7
 -04/13/99--01011--018
 *****750.00 *****750.00

500002837515--7
 -04/28/99--01122--011
 *****150.00 *****150.00

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