

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 2:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L46163**

1. Corporation Name

WILLIAM BAINBRIDGE STEELE, INC.

Principal Place of Business

Mailing Address

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

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



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0170203

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEELE, WILLIAM B.	4625 NORTH AIA	VERO BEACH FL 32963

200009203792
 11/25/02--01063--030 **750.00
~~200009203792~~
~~11/25/02--01063--030 **750.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

William B. Steele
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

William B. Steele
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/02

CR2E040 (8/02)