PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

.46163

1. Corporation Name

WILLIAM BAINBRIDGE STEELE, INC.

Principal Place of Business

Mailing Address

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

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

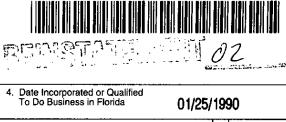
% WILLIAM BAINBRIDGE STEELE 4625 NORTH AIA

VERO BEACH FL 32963-1345

FILED

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SECPETARY OF STATE TALLAHASSEE, FLORIDA



z. New Fil	ілсіраі Опісе і	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. City & State City & State				•		5. FEI Numbe	65-0170203		Applied For	
						_ 6.		_ Not Applicable		
Zip		Country	Zip		Country	CERTIFICAT	E OF STATUS DESIRED	\$8.75 for a	Additional Fee required a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofi	it corporations must list at	least 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	STEELE, WILLIAM B.			4625 NORTH AIA			VERO BEACH FL 32963			
			•		200009203792 11/25/0201063030 ***			12 120.00		
				1172577201003900774750.00					75 0.00	
		. , ,	187- 387-3 7-1							
8. Name and Address of Current Registered Agent						9. Name and	Address of New Reg	istered Age	ent	
					Name					
	e, William North aia	BAINBRIDGE		Street Address (F		s (P.O. Box Number	P.O. Box Number is Not Acceptable)			
VERO BEACH FL FL 32963					Suite, Apt. #, Etc.					
					City			State FL	Zip Code	
10. I, being	appointed the	e registered agent of the al	pove named corp	oration, am fa	amiliar with and accept the	e obligations of Sect	ion 607.0505, F.S. or	617.0505, F	S.	

Signature of Registered Agent

Date 11/19/62

11. I certify that I am an officer or director or the receiv 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:

14/02

Daytime Phone #