


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L46163  
1. Corporation Name  
WILLIAM BAINBRIDGE STEELE, INC

2. Principal Office Address  
3403 OCEAN DR.  
Suite, Apt. #, etc.

3. Mailing Office Address  
3403 OCEAN DR.  
Suite, Apt. #, etc.

06/16/05 01019 004 1, USE 75

City & State  
VERO BEACH, FL

City & State  
VERO BEACH, FL

Zip Country  
32963 USA

Zip Country  
32963 USA

4. Date Incorporated or Qualified To Do Business in Florida  
1-25-1990

5. FEI Number  
65-0170203

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
WILLIAM BAINBRIDGE STEELE

Street Address (P.O. Box Number is Not Acceptable)  
3403 OCEAN DR. B-05

Suite, Apt. #, Etc.

City  
VERO BEACH

State  
FL

Zip Code  
32963

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 6-24-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	<u>WILLIAM B. STEELE</u>	<u>295 HOLLY RD</u>	<u>VERO Bch, FL 32963</u>
VP	<u>ANDREA STEELE</u>	<u>120 CLARKSON LN</u>	<u>VERO Bch, FL 32963</u>
AN	<u>ILEANA STEELE</u>	<u>295 HOLLY RD</u>	<u>VERO Bch, FL 32963</u>

10. 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)(l), 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] Date 6-24-05 Daytime Phone # 772-231-2998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)