

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
**FILED**  
**Nov 13, 2001 8:00 A.M.**  
**Secretary of State**  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000003545**

1. Corporation Name

**STEP ONE TEMPORARY EMPLOYMENT AND TRAINING SERVICES, INC.**

Principal Place of Business

Mailing Address

292 N MAGNOLIA DR  
TALLAHASSEE FL 32301

292 N MAGNOLIA DR  
TALLAHASSEE FL 32301

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

06/01/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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	CARTER, ISIAH	1739 SILVERWOOD DR	TALLAHASSEE FL 32301
D	CARTER, SARITA	1739 SILVERWOOD DR	TALLAHASSEE FL 32301
D	MOLDEN, CHENITA	1201 ASH ST	PERRY FL 32347
T	Smith, Ernest	1327 Colorado St	Tallahassee, Fla 32304
			800004688798-2 -11/20/01-01029-001 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTER, SARITA  
1739 SILVERWOOD DR  
TALLAHASSEE FL 32301  
TALLAHASSEE

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

*Sarita Carter*  
REGISTERED AGENT MUST SIGN

Date 11/13/01

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

*Sarita Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/01 (850) 224-7837  
Date Daytime Phone #