

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 24 PM 1:49

DOCUMENT # N000000003545
 1. Corporation Name
 Step one Temporary Employment and Training Services, Inc.

300031805663
 04/05/04--01010--018 **295.00

2. Principal Office Address 1102 S. Adams Street		3. Mailing Office Address	
Suite, Apt. #, etc. 10		Suite, Apt. #, etc.	
City & State Tallahassee Fla		City & State	
Zip 32303	Country USA	Zip	Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number 59-3662599	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Sarita Carter	300031805663
Street Address (P.O. Box Number is Not Acceptable) 1739 Silverwood Dr.	04/05/04--01010--019 **2.50
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301

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 Sarita Carter Date 3/24/04
 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
Officer	Cherita Molden	1201 Ash Street	Perry Florida 32347
Treasurer	Ernest Smith	1638 Colorado St	Tallahassee Florida 32302
Vice President	Isaiah Carter Jr	1739 Silverwood Dr	Tallahassee FL 32301
P	Sarita Carter	1739 Silverwood Dr.	Tallahassee, FL/32301

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)(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 Date 3/24/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)