

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 JAN 16 AM 11:33

DOCUMENT # **N00000003638**

1. Corporation Name

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STEP BY STEP RECOVERY CENTER, INC.

Principal Place of Business

Mailing Address

1330 E. GARY RD
LAKELAND FL 33801

1330 E. GARY RD
LAKELAND FL 33801



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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 06/06/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3703334	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	BROWN, LEAH	330 CALLITRIS AVE	POLK CITY FL 33868
DV	LANGOHR, DAVID POPE, Ami R.	1470 LAKE BONNY DR 4433 Flagg St.	LAKELAND FL 33815 ORLANDO FL 32812
DS	BROWN, PAULINE KOENIG, EVELYN	ROMULUS CHURCH RD 103 Pine Crest Drive	BUHL AL 30004 LONGWOOD FL 32750
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			-01725/02--01020--012
			*****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEITH, W.C.
1517 COMMERCIAL PARK DR
LAKELAND FL 33801

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/1/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEAH E. BROWN

Date

Daytime Phone #

(863) 12-1-01 581-6317

CR2E040 (8/01)

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December 12, 2001

Step-By-Step Recovery Center, Inc.
1330 East Gary Road
Lakeland, FL 33801

To Whom It May Concern:


Our company, Step-By-Step Recovery Center, Inc., did not receive the "2001 Uniform Business Report" form. We were unaware that our company was a corporation at this time, as we had not received the Articles of Incorporation from our agent, W.C. Keith.

Until receiving the notice of dissolution recently, we had received no other correspondence, either from the state or our agent, Mr. Keith.

Due to these circumstances, the company was administratively dissolved by the state without our prior knowledge. Having received the dissolution papers from the state, we contacted our agent and were informed that he had indeed filed for our incorporation and had failed to notify us. We have attached the "Application for Reinstatement" and in view of these events, we request that the \$175.00 reinstatement fee be waived. I have enclosed \$61.25 as required on the reinstatement application for the Annual Report Fee.

Thank you for your attention and cooperation regarding this matter.

Sincerely,


Leah E. Brown
President



Ami R. Pope
Vice-President