

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10 FEB 12 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000003090

1. Corporation Name

The
Stepping Stone Village, Inc

2. Principal Office Address - No P.O. Box #

609 Southeast 13th Street

Suite, Apt. #, etc.

Suite E

City & State

Fort Lauderdale, FL

Zip

33316

Country

US

3. Mailing Office Address

1920 NW 47th Avenue

Suite, Apt. #, etc.

City & State

Lauderhill, FL

Zip

33313

Country

US

7. Name and Address of Current Registered Agent

Name

Mattie Richardson

Street Address (P.O. Box Number is Not Acceptable)

1920 NW 47th Avenue

Suite, Apt. #, Etc.

City

Lauderhill, FL

State

FL

Zip Code

33313

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

REGISTERED AGENT MUST SIGN

Date January 25, 2010

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
P	Mattie Richardson	1920 NW 47th Avenue	Lauderhill, FL 33313
VP	Robert Parker	7905 Biscayne River Drive	Miami, FL 33169
T	Robert McGhee	8420 NW 47th Drive	Coral Springs, FL 33067
S	Lisa J. Richardson	1945 David Drive	Douglasville, GA 30135
D	Darrell Richardson	5845 NW 14th Street	Sunrise, FL 33313

10. E-mail Address: larich1972@yahoo.com and tamcodarrell@yahoo.com

(To be used for future annual report notification)

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. I further certify 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:

Lisa J. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2010 954-770-5003

Date

Daytime Phone #

600167535216
02/12/10--01024--001 **7.00
600167535216
02/12/10--01024--002 **8.76

REINSTATEMENT 07-10

600167535216
01/29/10--01027--002 **238.00

REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2006

5. FEI Number

☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2/12/10