



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|--|---|---------------------------------|--|---|---|--|--|
| DOCUMENT # N39667 1. Entity Name INSTEP, INCORPORATED OF JACKSONVILLE | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP 29 PM 1:39 REINSTATEMENT <u>06</u>  | |
| Principal Place of Business 5379 LENOX AVE JACKSONVILLE, FL 32205 | | | | Mailing Address 5711 MARLIN CT. JACKSONVILLE, FL 32277 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 59-3028274 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent RICHARDSON, THEODORE 5711 MARLIN COURT JACKSONVILLE, FL 32277 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50 | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WASHINGTON, STEWARD E. 1625 W. 17TH ST. JACKSONVILLE, FL 32209 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 300080306423 09/29/06--01051--006 **236.25 </div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIAMS, LEATRICE 2074 W. 15TH ST. JACKSONVILLE, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PARKER-BELL, BERNICE 1482 E. 25TH ST. JACKSONVILLE, FL 32206 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GLOVER, TERRY 417 W. 27TH ST JACKSONVILLE, FL 32206 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TARVER, JAMES 1230 E 14TH ST. JACKSONVILLE, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Steward E. Washington</u> STEWART E WASHINGTON, 9-276 904 703-6532 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |