

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N49410

1. Corporation Name

First Step Food Bank

2. Principal Office Address

412 NW 9TH Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

US

3. Mailing Office Address

PO Box 4774

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

June 17, 1992

5. FEI Number

59-3131885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kress A Luebke

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

412 NW 9th Street

Suite, Apt. #, Etc.

City

Ocala

State  
FL

Zip Code

34478-4774

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date March 4, 2003

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	Peter Del Toro	18252 NW 20TH Avenue	Citra, Florida 32113
S	Jack Grayson	5220 NE 76TH Court	Ocala, Florida 34472
T	Jerry Robino Rubino	10946 N Airway Loop	Citrus Springs, Florida 34434
D	Larry Steele	2251 NE 19th Avenue	Ocala, Florida 34470
D	Stewart Robinson	23685 NE Highway 314	Salt Springs Florida 34432
D	Malvin Craig	703 NE 46TH Court	Ocala, Florida 34470

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:

*[Signature]*

Jerry Robino, Treasurer

3/4/03

352-489-4934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

js 2/1