

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000000785

1. Corporation Name

FOURTH AVENUE STEP TEAM, INC.

Principal Place of Business

4TH AVE RECREATION CENTER
450 W 4TH AVE
TALLAHASSEE FL 32303

Mailing Address

4TH AVE RECREATION CENTER
450 W 4TH AVE
TALLAHASSEE FL 32303

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1998

5. FEI Number

59-3491557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
D	MOBLEY PEARSON, KATI	833 S. BAHAMA DR	TALLAHASSEE FL 32311
D	PEARSON, STEVEN	833 S. BAHAMA DR	TALLAHASSEE FL 32311
D	JONES, CAROLYN	545 W. GEORGIA ST	TALLAHASSEE FL 32303
D	NELSON, JENETTA Karen Owens	812 GOODBREAD LANE 2881 Jim Lee Rd	TALLAHASSEE FL 32303 Tallahassee, FL 32301
D	Shelia Morris	1203 1/2 Harlem St.	Tallahassee, FL 32304
D	Nickie Smith	3328 Bahama Dr.	Tallahassee, FL 32311

8. Name and Address of Current Registered Agent

WATSON, JOANNE
4982 LEAH LANE
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name: Karen Owens
Street Address (P.O. Box Number is Not Acceptable)
2881 Jim Lee Rd
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32301

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

Karen Owens
REGISTERED AGENT MUST SIGN

Date 11-7-00

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:

Karen Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200003509282-2
-12/20/00 --01080
****244.90 ****244.90
11-7-00 891-3930
Date Daytime Phone #