

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 2:55

DOCUMENT # N98000004130

1. Corporation Name

Next Step Adventure, INC.

REINSTATEMENT 2011

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

2245 Cricket Ridge Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 10

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533

Country

USA

Zip

32533

Country

USA

800215644738

12/29/11--01030--010 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **7/15/98**

5. FEI Number
59-3521189

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Greg Lancaster

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

2245 Cricket Ridge Dr

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

Greg Lancaster

REGISTERED AGENT MUST SIGN

Date **12/26/11**

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 |
|--------|--------------------------------------|---|------------------------|
| PD | Greg Lancaster | 2245 Cricket Ridge Dr | Cantonment, FL 32533 |
| STD | Pat Hamilton | 3085 Woodbury Cir | Cantonment, FL 32533 |
| D | John Ramos | 72 Fournier Crescent | Elmwood Park, NJ 07407 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **glmfinance@vineglory.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Pat Hamilton

Pat Hamilton

12/28/11

850-780-6520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #