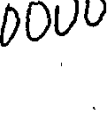


# ENDING THIS DEBATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAR 30 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**DOCUMENT #** P000000011675

**1. Corporation Name**  
Steffind Inc.

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**2. Principal Office Address**  
7330 SEDONA WAY

Suite, Apt. #, etc.

City & State  
DELRAY BEACH, FL

Zip  
33446

Country  
USA

**3. Mailing Office Address**  
SAME

Suite, Apt. #, etc.

City & State

Zip Country

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**4. Date Incorporated or Qualified To Do Business in Florida** 3/2/2000

**5. FBI Number** 65-0864166

**6. CERTIFICATE OF STATUS DESIRED** [ ]

Applied For  
Not Applicable

68.75 Additional Fee required  
for a Certificate of Status

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**7. Name and Address of Current Registered Agent**

Name: Alan Weiner

Street Address: 7330 SEDONA WAY

Suite, Apt. #, Etc.

City: DELRAY BEACH

State: FL Zip: 33446

40005060310  
04/13/05--01005--011 \*\*1050.00

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**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 907.0305 or 917.0305, F.S.**

Signature of Registered Agent: [Signature]

Date: 3/23/05

**REGISTERED AGENT MUST SIGN**

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**9. Name and Street Address 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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| Pres   | Alan Weiner                       | 7330 SEDONA WAY                                | DELRAY BEACH, FL   |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

40005060333446  
04/13/05--01005--011 \*\*1050.00

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**10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 907 or 917, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated. The corporation meets the requirements of section 907.0401 or 917.0401, F.S., that all taxes 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)(b), 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]

3/23/05 (081) 702-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #