


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------|---|--|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 AM 9:46

DOCUMENT # **P00000046789**

1. Corporation Name

STEP-FONT LAUNDROMAT INC.

Principal Place of Business

Mailing Address

1321 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33304

1321 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33304



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D | ALEXIS, MARIE | 1321 N.E. 3RD AVENUE | FT. LAUDERDALE FL 33304 |
| D | ALEXIS, FONTAINE | 1321 N.E. 3RD AVENUE | FT. LAUDERDALE FL 33304 |
| | | | 000004740520--4 -12/27/01--01017--002 ****150.00 ****150.00 |
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| | | | |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEXIS, MARIE
1321 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Alexis Marie

REGISTERED AGENT MUST SIGN

Date

12/29/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/01

Daytime Phone #

CR2E040 (8/01)

10/31/01

To Whom It May Concern

My name is Marie J Benjamin I am sending this letter in behalf of my mother Marie Alexis the owner of Stepfront Laudromat. The reason why Mrs. Alexis did not sent payment to the state is due to her previous secretary. The Step front Laundrymat secretary was in charged of picking up the mail and sending out payments apparently she never did. Finally when we realized what the secretary was doing it was too late. Presently, she is no longer in charged of billing. As business people we should of being more careful but we learned the hard way. Please if the Department of State can wave the \$600.00 fees we will greatly appreciate it and we guarantee that will never occur again. In the enveloped place a money order in the amount of \$150.00, which shows payment to the State.

Thank you for your understanding in advance


Marie J Benjamin

P.S. If you have any questions please do not hesitate to call me directly at 954-240-1726 cell or 954-525-1538