

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name Step From the Beach II
Document Number: P 00000038166

REINSTATEMENT 06-07

CR2E081 (1/07)

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

823 Main Street
Suite, Apt. #, etc.

3. Mailing Office Address

117 Sawtooth Ln
Suite, Apt. #, etc.

City & State

Daytona Beach

Zip
32118

Country

U.S.A

City & State

Ormond Beach, FL

Zip

32174

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

2000

5. FEI Number

593675285

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

Raymond FARHAT

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

117 Sawtooth Ln

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10/08/07

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
V	Raymond FARHAT	117 Sawtooth Ln	Ormond Beach FL, 32174
P	Toni FARHAT	117 Sawtooth Ln	Ormond Beach, FL, 32174
	<u>[Signature]</u>		10/17/07--01058--023 **150.00 100110906011
			10/17/07--01058--023 **150.00 100110906011

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond FARHAT 10/08/07 (386) 2127349
Date Daytime Phone #