

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600024084376
10/24/03--01033--005 **158.75

DOCUMENT # P01000097969

1. Corporation Name

FIRSTSTEP, INC.

Principal Place of Business

2832 ASHTON TERRACE
OVIEDO FL 32765

Mailing Address

5820 WINTERHUR DR.
ATLANTA GA 30328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2001

5. FEI Number

58-2657423

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MCNAIR, PETER	2822 ASHTON TERRACE	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

FERGUSON, GLEN
190 SE 19 AVE
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Peter McNair

Date

Daytime Phone #

10.17.03 407-977-0854

CR2E040 (7/03)

FIRSTSTEP

HOMES & RENTALS

October 17, 2003

To whom it may concern,

My name is Peter McNair. I am President of Firststep, Inc, FEI # 58-2657423. I just received the attached business reinstatement form. I would like for you to reconsider my Reinstatement fee due to circumstances beyond my control. As you can see, this is my second year in business. I had no idea that I was required to pay \$150.00 annual fee for keeping Firststep active. In January 2002, my wife and I were separated. Unfortunately, we are not the best of friends and unbeknownst to me, she has been throwing my mail away. My reinstatement letter was picked up by her attorney's office and was forwarded to me today. I would like for you to reconsider the \$ 600.00 reinstatement fee due to the fact that I never received the original document. I will need the address changed on my corporate information as per attached as well. Thank you for your understanding in this matter.

Sincerely,



Peter McNair
Pres. Firststep, Inc.