

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 26 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000114234**

1. Corporation Name

NEXT STEP ENTERPRISES

2. Principal Office Address

6273 BENT PINE DR #1231B

Suite, Apt. #, etc.

1231B

City & State

ORLANDO FL

Zip

32822

Country

USA

3. Mailing Office Address

2212 S. CHICKSAW TRAIL

Suite, Apt. #, etc.

#203

City & State

ORLANDO FL

Zip

32825

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-28-01

5. FEI Number

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

CHRISTOPHER J. HENRY

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

6273 BENT PINE DRIVE #1231B

Suite, Apt. #, Etc.

1231B

City

ORLANDO

State

FL

Zip Code

32822

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

Christopher J. Henry
REGISTERED AGENT MUST SIGN

Date

9-10-03

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
CEO	Chris Henry	6273 BENT PINE DR #1231B	ORLANDO FL 32822
Director	Trudy Henry	6273 BENT PINE DR #1231B	ORLANDO FL 32822

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 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:

Christopher J. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-03

Date

407-230-1942

Daytime Phone #

9/9/29



Next Step Enterprises, Inc.
2212 S. Chickasaw Trail #203
Orlando, Fl. 32825
407-230-1942

Professional Beauty Products and Salon Nail Treatments

09/10/2003

Dears sirs,

Enclosed is my completed corporation reinstatement form, I was unaware that an action had been taken due to a failure to file a corporate report.

This would have been our first years filing and I would have gladly made it, however I received no notification that such a report was due, or when, or even that the action had been taken afterwards.

I became aware only yesterday, as I was opening a new insurance policy for the business they informed me of the negative status.

I sincerely appreciate the importance of such filings and can say with great certainty that this will not occur in the future.

I have enclosed a check as requested for Three Hundred dollars for the fees due, please let me know when the status has been changed.

My very best regards,

Chris Henry
Director
Next Step Enterprises, Inc.
407-230-1942

chris@nextstepenterprises.com