

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 30 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000089428

1. Corporation Name

S-TEEM TOO, INC.

4033 MARINER BLVD
PO BOX 5987

2. Principal Office Address

4033 MARINER BLVD

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34609

Country

HERNANDO

3. Mailing Office Address

PO BOX 5987

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34611

Country

HERNANDO

**4. Date Incorporated or Qualified
To Do Business in Florida 08/16/02**

5. FEI Number
74-302454

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

JUDI STEIN

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

4033 MARINER BLVD

Suite, Apt. #, Etc.

City

SPRING HILL

State
FL

Zip Code
34611

2000044526478
01/11/05--01037--011 **300.00

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

Date 12/22/04

REGISTERED AGENT MUST SIGN

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
PRESIDENT	DORIS C. STEIN	115 PENN LEAR DR	MONROEVILLE, PA 15146
TREASURER	MACY E. STEIN	115 PENN LEAR DRIVE	MONROEVILLE, PA 15146
SECRETARY	JUDI L. STEIN	PO BOX 5987	SPRING HILL, FL 34611

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/04

Date

352-683-3023

Daytime Phone #

CR2E081 (01/04)