


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000107441 1. Entity Name STEPPIN' STONES CHRISTIAN AKADEMY, INC.	
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FILED
 04 DEC -3 PM 1:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 11830 NW 3 AVE MIAMI, FL 33168	Mailing Address 11830 NW 3 AVE MIAMI, FL 33168
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1108104 01023 002 \$150.00
 11302004 REIN-P CR2E098 (6/04)

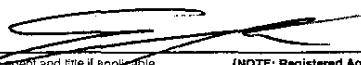
2. Principal Place of Business 8303 NW 5 AVE Suite, Apt. #, etc.	3. Mailing Address 8303 NW 5 AVE Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33150	Country USA

4. FEI Number 03-0487430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PLACIDE, EMMELINE F 11830 NW 3 AVE MIAMI, FL 33168	7. Name and Address of New Registered Agent Name: Emmeline Fortune Placide Street Address (P.O. Box Number is Not Acceptable): 8303 NW 5 AVE City: Miami FL Zip Code: 33150
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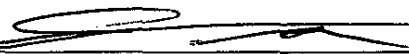
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **11/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D PLACIDE, EMMELINE F	<input type="checkbox"/> Delete		TITLE	D Emmeline Fortune Placide	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11830 NW 3 AVE			NAME	8303 NW 5 AVE		
STREET ADDRESS	MIAMI, FL 33168			STREET ADDRESS	Miami, FL 33150		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **11/30/04** DAYTIME PHONE #: **305-758-3501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/04

To whom it may concern,

I have made the appropriate changes to reinstatement my corporation online. I have sent a check in the amount of 150.00 November, 01, 2004. The check was cashed, check no. 1092.

Please make the necessary to reinstate
Document # P02000107441.

Yours truly,



Emmeline Placide
Director.