


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000115139					
1. Corporation Name SteveCo Unlimited, Inc.					
2. Principal Office Address 55 North Tropical Trail			3. Mailing Office Address 655 Timuquana Drive		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Merritt Island, Florida			City & State Merritt Island, Florida		
Zip 32953	Country USA	Zip 32953	Country USA		
				4. Date Incorporated or Qualified To Do Business in Florida 10/13/03	
				5. FEI Number 57-1191287 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Glenn T. Sundin					
Street Address (P.O. Box Number is Not Acceptable) 335 South Plumosa Street					
Suite, Apt. #, Etc. Suite A					
City Merritt Island				State FL	Zip Code 32952
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 <u>Glenn T. Sundin</u> Date <u>2/8/06</u> 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	
P, D	Steven D. Webster	655 Timuquana Drive		Merritt Island, Florida 32953	
				B 3/1/06	
				K. O.	
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: <u>Steven D. Webster</u> 2-8-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					