

01/30/2008 WED 14:30 FAX

002/002

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM JAN 30 PM 1:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074112

1. Corporation Name

STEP BY STEP STAGE, CORP

2. Principal Office Address - No P.O. Box #

7570 NW 14 ST

3. Mailing Office Address

7570 NW 14 ST

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

SUITE 112

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

CRZE081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2004

5. FEI Number
20-1104699

☒ 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

MESA, TOMAS

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

7570 NW 14 ST

Suite, Apt. #, Etc.

SUITE 112

City

MIAMI

State

FL

Zip Code

33126

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tomas Mesa

Date 1/29/08

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	MESA, TOMAS	7570 NW 14 ST STE 112	MIAMI, FL 33126
V	RODRIGUEZ, GUILLERMO	7570 NW 14 ST STE 112	MIAMI, FL 33126
S	CAPALLAN, RUBEN	7570 NW 14 ST STE 112	MIAMI, FL 33126

REINSTATEMENT

1-08

RH

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:

Tomas Mesa

TOMAS MESA

01/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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001/002

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

STEP BY STEP STAGE, CORP

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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