


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000092541		
1. Entity Name NEW STEP COMMUNITY HOME INC.		

Principal Place of Business 140WEST45THSTREET JACKSONVILLE, FL 32208 US	Mailing Address 7030ROLLO RD JACKSONVILLE, FL 32205 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CALLIE DREW, BUESOUNQ 7030ROLLO RD JACKSONVILLE, FL 32205	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, BUESOUNQ C P	NAME	100104434211
STREET ADDRESS	7030ROLLO RD	STREET ADDRESS	06/15/07--01059--008 **766.00
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	\$76/13	NAME	100104434211
STREET ADDRESS		STREET ADDRESS	06/15/07--01059--009 **134.00
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 exemptions contained in Chapter 119, 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: Callie Drew (904) 738-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 JUN 13 PM 1:04
STATE OF FLORIDA
JACKSONVILLE, FLORIDA

05242007 REIN-P CR2E098 (1/07) 06-07

REINSTATEMENT

4. FEI Number
51-0549676

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required