

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION -
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 12:35

DOCUMENT # P11000046286

1. Corporation Name

Bigger Steps Academy Corp

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

11059 NW 87 Lane

State, Apt. #, etc.

3. Mailing Office Address

11059 NW 87 Lane

State, Apt. #, etc.

City & State

Doral, FL

Zip

Country

33178

Dade

City & State

Doral, FL

Zip

Country

33178

Dade

900243238769
01/02/13--01023--005 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2011

5. FEI Number

45-2260606

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

Claudia Medina

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

11059 NW 87 Lane

State, Apt. #, Etc.

City

Doral

State

FL

Zip Code

33178

REINSTATEMENT

2012

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

Paul Butler

REGISTERED AGENT MUST SIGN

Date 12/28/12

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	Claudia Medina	11059 NW 87 Lane	Doral / FL / 33178

10. E-mail Address: biggersteps@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Paul Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/12

Date

305-4793276

Daytime Phone #

DEC 31 2012

P. BUTLER