

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2022 FEB 23 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # P13000079806

1. Corporation Name

FIRST STEPS EDUCATION INC.

500382368115  
02/23/22--01016--003 \*\*750.00

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

675 S. COURTENAY PKWY

3. Mailing Office Address

675 S. COURTENAY PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32952

Country

USA

Zip

32952

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/1/13

5. FEI Number

61-1724175

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

LEE LANE

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

675 S. COURTENAY PKWY

Suite, Apt. #, Etc.

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

Date 2/17/22.

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	LEE LANE	675 S. COURTENAY PKWY,	MERRITT ISLAND, FL 32952

10. E-mail Address: LEE.LANE@FIRSTSTEPS EDUCATION.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:

LEE LANE

2/17/22

(510)333-2092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #