

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 NOV 24 11 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005597

1. Corporation Name

STEP FROM THE BEACH, INC.

Principal Place of Business

Mailing Address

1026 MAIN ST
DAYTONA BEACH SHORES FL 32118
US

1026 MAIN ST
DAYTONA BEACH SHORES FL 32118
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1993

5. FEI Number

59-3169737

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LAOUN, GHASSAN	436 AUBURN DR #52	DAYTONA BEACH FL 32118
STD	GHOBEIRA, CHARLES	436 AUBURN DR #52	DAYTONA BEACH FL 32118

8000002358348-9
-11/26/97--01092--021
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

FOSTER, WALTER E III
315 S PALMETTO AVE
DAYTONA BEACH FL 32114

9. Name and Address of New Registered Agent

Name

CHARLES GHOBEIRA

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

436 AUBURN DR

Suite, Apt. #, Etc.

#52

City

DAYTONA BEACH

State

FL

Zip Code

32118

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

NOV 19 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/97 NOV 19 1997

Date Daytime Phone

CR2E040 (3/97)