## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 19300005597

1. Corporation Name

STEP FROM THE BEACH, INC.

FILED
99 DEC 23 AM IO: 47
SECRETARY OF STATE

| Sales and Sales   |   |                             |  |                               | TALLAMASSEE, FLORIDA   |  |  |  |
|---|---|-----------------------------|--|-------------------------------|--|--|--|--|
| Principal Pi  | lace of Business                              | Mailing Addr                | ess  |                               | _  |  |  |  |
| 1026  | Main Street                                   | •                           |  |                               | <b>)</b> .   | •  | •  |  |
| Dayto   | ona Beach, Florida 32                         | 2118                        |  |                               |  |  |  |  |
|   |   |                             |  |                               |  |  | ۰ ۸  |  |
| If above a  | ddresses are incorrect in any way, line       | through incorrect in        | ntormation and                                 | d anter correction below.     | REIN   | STATEMEN   | T ay   |  |
| 2. New Pri  | ncipal Office Address, If Applicable          | 3. New Mail                 | New Mailing Office Address, If Applicable      |                               |  |  | 9/1993   |  |
| Surte, Apt.   | #, etc.                                       | Suite, Apt. #.              | Suite, Apt. #. etc.                            |                               |  | <b></b>  |  |  |
| City & State  |   | City & State                | City & State                                   |                               |  | 5. FEI Number Applied For 59–3169737                       |  |  |
|   |   | ony a state                 |  |                               | Not Applicable   |  |  |  |
| Zip   | Country                                       | Zip                         | <u> </u>                                       | Country                       |  | TE OF STATUS DESIRED 🔲 🍱                                   | (3 Additional ខណៈខេត្តព្រះ<br>មាន ទីខ្សារបែលខ្លាំ ១៤៤១ |  |
| 7. Names a  | and Street Addresses of Each Officer a        | nd/or Director (Flo         | rida nonprofit                                 | corporations must list at le  | ast 3 directors)   |  | or a certificate of status                             |  |
| Title(s)  | Name of Officers                              |                             | Street Address of Each Officer and/or Director |                               |  | in ectors)   |  |  |
| 1   | and/or Directors                              |                             |  |                               | r<br>Numbers)  | City / State / Zip   |  |  |
| 777   |   |                             | \  | ,                             |  |  |  |  |
| PD  | Ghobeira, Charles                             |                             | 1100 1   | Main Street                   |  | Daytona Beach, FL 32118                                    |  |  |
| STD   | Farhat, Tanios                                |                             | 117 Sawtooth Lane:                             |                               |  | Ormond Beach, FL 32174                                     |  |  |
|   |   |                             |  |                               |  |  |  |  |
|   |   |                             | 3  |                               | 30   | 000030875931<br>-01/04/0001066011<br>****750.00 ****750.00 |  |  |
|   |   | <del></del>                 |  | <del></del>                   |  | ****130.08   | ***************************************                |  |
| <b>j</b><br>[   |   |                             |  |                               | *  |  |  |  |
| <u>-</u> -  | 8. Name and Address of Curre                  | nt Registered Age           | nt   |                               | A Name and   | Address of New Project and                                 | <u> </u>   |  |
|   |   |                             |  | Name                          |  |  |  |  |
| Charles Ghoberia  |   |                             |  |                               | Michael A. Van Houten Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| 436 Auburn Drive, #52<br>Daytona Beach, FL 32118  |   |                             |  | 1                             | 114 South Palmetto Avenue  |  |  |  |
| 24,00   | na beach, in Jailo                            |                             |  | Suite, Apt. ≠, Etc.           |  | <u> </u>   |  |  |
|   |   | ·                           |  | City                          |  | State  | Zip Code   |  |
| 10. It being appointed the registered agent of the above named Apropration, am familiar |   |                             |  |                               | Daytona Beach  hand accept the obligations of Section 607.0505, F.S.     |  |  |  |
| Signature of<br>Registered A  | Transport VIII                                | nul firpo                   | ration, am fam                                 | niliar with and accept the ob | bligations of Sect   | Date   | 2-99   |  |
| <u>.</u>  |   | REGISTERED AGE              | ENT MUST SI                                    | GN                            |  |  |  |  |
| 11. Thi<br>Inta   | s corporation owes the angible Personal Prope | e current ye<br>erty Tax du | ear<br>e June :                                | 30. Yes                       | □ No 🛭   | (See other side  | e for information<br>gible tax.)                       |  |
|   | hat I am an officer or director or the rec    | <del></del>                 |  |                               |  |  | certify that when filing                               |  |

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 AND TYPE OF DRIVE

Janios Farhat STD

12-22-99

907 -324-7607 Davime Phone \*