PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
APPLY TION	FIC DADEP P	ATE	1.228	
RE STAT MENT	S cretar	OT STATE	99 AUG -6 AM 9: 01	
DOCUMENT # P970000 50976			SUCCETARY OF STATE ALLEAD TO SEE, FLORIDA	
Giant Steps Children's Center, Inc.				
Principal Place of Business 3435 Barrancas Ave. Pensacola, FL 32507 Pensacola, FL 32506				
If above addresses are incorrect in any way, line through incorrect information and enter a 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If			Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #, etc.			To Do Business in Florida June 5, 1997 5. FEI Number Applied For	
City & State	City & State		59-3451291 Not Applicable	
Zip Country	Zip C	Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status.	
Names and Street Addresses of Each Officer and/o Name of Officers	or Director (Florida nonprofit o	orporations must list at lea	,	
Title(s) and/or Directors Off		Officer and/or Director OT Use Post Office Box N	City / State / Zip	
Treas Laura J. Sellers 688. So. 72nd Avellnit D Pensacola, Fl 32506				
VI-0005				
Sec Leslie I. Jarvis 2103 Inda Avenue Pensacola, FL32526				
			5000029699357	
			-08/25/9901075003 ****300.00 ****300.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent ®	
Laura J. Sellers 688 So. 72nd Ave Unit D		Street Address (P	C.O. Box Number is Not Acceptable)	
Persacola, FL. 32500		Suite, Apt. #, Etc.	Suite, Apt. #, Etc.	
City		State Zip Code		
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 Agent MUST SIGN Date 700 99				
11. This corporation owes 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 whe 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 less 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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: Laura J. Sellers 7/20/99 (850)453-0806				