2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000071439 FILED 1. Entity Name MY FIRST STEPS OF BRADENTON INC. 05 OCT 10 AM 8: 43 Principal Place of Business Mailing Address 3815 26 ST. WEST 3815 26 ST. WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address <u>Same</u> Same above Suite. Apt. #, etc. Suite, Apt. #, etc 09262005 --- REIN-P------- CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 65-0774156 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PONCE, MARIA 4226 52ND PLACE WEST N-205 Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34210 "Zio Code 8. The above named entity submits this statement for the purpose of changing its register miliar with, and accent the obligations of registered agent SIGNATURE Signature, typeo or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete TITLE Change ☐ Addition TITLE NAME FREIRE, MABLE NAME STREET ADDRESS STREET ADDRESS 4407 57TH AVENUE WEST BRADENTON, FL 34210 CITY-ST-ZIP CITY-ST-ZIP Braden Delete Change TITLE TITLE Addition LUCAS, CARINA NAME NAME STREET ADDRESS 2319 45 ST E STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP s THLE Delete TITLE ✓ Criange Addition PONCE, CRISTINA NAME NAME STREET ADDRESS 4226 52ND PLACE WEST N. 205 STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 CITY-ST-ZIP **Z** Delete TITLE Change Addition TITLE PONCE, MARIA NAME 4226 52ND PLACE W, N-205 STREET ADDRESS STREET ADDRESS BRADENTON, FL 34210 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 700060458797 STREET ADDRESS STREET ADDRESS 10/10/05--01080--001 **150.00 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if CEO 10-3-05 SIGNATURE: _