

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000082655

1. Corporation Name
STEAM TECHNOLOGIES, INC.

2. Principal Office Address

6799 NW 4th Street

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

US

3. Mailing Office Address

6799 NW 4th Street

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/24/1997

5. FEI Number

65-0793870

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200004717032--7
-12/10/01--01032--016
****908.75 ****908.75
2000-01

7. Name and Address of Current Registered Agent

Name

Robert S Forman, Esquire

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

2101 W Commercial Boulevard

Suite, Apt. #, Etc.

Suite 4100

City

Fort Lauderdale

State

FL

Zip Code

33309

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

Robert S Forman Esq REGISTERED AGENT MUST SIGN

Date 11/27/01

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
PSTD	Schoenfelder, Joy	6799 NW 4th Street	Margate, FL 33063

10. 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:

Joy Schoenfelder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/01

Daytime Phone #

CR2E081 (8/00)