

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 PM 6:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082655

1. Corporation Name

Steam Technologies, Inc.

2. Principal Office Address

6799 N.W. 4th Street

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

U.S.A.

3. Mailing Office Address

6799 N.W. 4th Street

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

U.S.A.

000035163660

05/03/04--01015--014 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650793870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joy Schoenfelder

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

6799 N.W. 4th Street

Suite, Apt. #, Etc.

City

Margate, FL

State

FL

Zip Code

33063

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

Joy Schoenfelder

Date

REGISTERED AGENT MUST SIGN

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	Joy Schoenfelder	6799 N.W. 4th Street	Margate, FL 33063

REINSTATEMENT 03-04

768
513

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)(f), 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

4/27/04

Date

9542542095

Daytime Phone #

CR2E081 (01/04)