

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:41

DOCUMENT # P98000020416

1. Corporation Name

STEP ON GUIDES, INC.

Principal Place of Business

101 ROYAL PARK DRIVE  
APARTMENT 3-G  
OAKLAND PARK FL 33309

Mailing Address

101 ROYAL PARK DRIVE  
APARTMENT 3-G  
OAKLAND PARK FL 33309



700014913267  
03/28/03--01054--026 \*\*300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0829230

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCNICOLL, LINDA	101 ROYAL PARK DRIVE APT. 3-G	OAKLAND PARK FL 33309

8. Name and Address of Current Registered Agent

MCNICOLL, LINDA  
101 ROYAL PARK DRIVE  
APARTMENT 3-G  
OAKLAND PARK FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date MARCH 24/03

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/03/03 954-730-9183

Date

Daytime Phone #

CR2E040 (802)

*P99c 2012*

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL  
32314-6327


March 24/03

To whom it may concern,

Enclosed please find a cheque in the amount of \$300, for reinstatement and this year's fee.

I never received my uniform business report form last year and am asking you to waive the penalty.

Thanking you in advance,



Linda McNicoll  
*STEPON GUIDES INC*