

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 16 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027665

1. Corporation Name

Stepp's GLASS OF Florida, Inc.

2. Principal Office Address

235 W. Brandon Blvd

Suite, Apt. #, etc.

#248

City & State

Brandon FL

Zip

33511

Country

Hillsborough

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

DAVID R. Stepp

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

235 W. Brandon Blvd.

Suite, Apt. #, Etc.

#248

City

Brandon

State

FL

Zip Code

33511

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

[Signature]

Date

1-9-04

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
<u>Pres.</u>	<u>DAVID R. STEPP</u>	<u>235 W. Brandon Blvd</u>	<u>Brandon, FL 33511</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-04

Daytime Phone #

**STIPP'S GLASS  
OF FLORIDA, INC.**

January 12, 2004


Florida Department of State  
Secretary Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

I, David R. Stepp, of Stepp's Glass of Florida (Doc Ref # P98000027665), am writing to you today to ask for a one time forgiveness of the reinstatement fee. I suffered a great loss at the end of 2001, when Susan Sanders died. She was the entire office staff and like a member of the family. After her death, office work ceased to get done. When a new person was hired in the middle of 2002, the paperwork was completed along with a check. This office worker left soon after this. While going through old paperwork in December 2003, I found the envelope and your forms, which had not been sent out. I immediately called your office and asked for the reinstatement paperwork to be sent to me. This was a genuine oversight.

I have enclosed that completed form and a check for both my past due fees along with the fee for 2004. If you need documentation as to the loss of my office worker, I can provide that. If you have any questions, please contact me at the company address or at 813-655-3535.

Sincerely,

  
David R. Stepp  
President of Stepp's Glass of  
Florida, Inc.