

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000048528

1. Corporation Name

STEINMAN & STEINMAN, INC.

Principal Place of Business

1191-B EGLIN PKWY  
SHALIMAR FL 32579

Mailing Address

1191-B EGLIN PKWY  
SHALIMAR FL 32579

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/27/1998
City & State	City & State	5. FEI Number
Zip	Zip	Applied For Not Applicable
Country	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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	STEINMAN, MARC	1191-B EGLIN PKWY	SHALIMAR FL 32579
D	HENDERSON, MARA	1191-B EGLIN PKWY	SHALIMAR, FL 32579

1000003040371--0  
-11/09/99--01097--010

750.00 750.00

10/27/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEET, H. BART  
1201 EGLIN PKWY  
SHALIMAR FL 32579

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/27/99

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)(l), 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:

MARA S. HENDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99 281-334-6915

Date Daytime Phone #

CR2040 (Rev. 9/99)

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