

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:48

DOCUMENT # P99000019066

1. Corporation Name

NEXT STEP, INC.

Principal Place of Business

Mailing Address

980 CAPE MARCO DR., UNIT 1308  
MARCO ISLAND FL 34145

980 CAPE MARCO DR., UNIT 1308  
MARCO ISLAND FL 34145



REINSTATEMENT

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.		03/01/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3561273	
				6. CERTIFICATE OF STATUS DESIRED <input 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	SKODA, GREGORY PATRICIA	6400 ROCKSIDE WOODS BLVD. S., ST 6685 BETA DR.	CLEVELAND OH 44131 MAYFIELD VILLAGE OH 44143
<del>D</del>	<del>MINOTTI, MICHAEL</del>	<del>6685 BETA DR.</del>	<del>MAYFIELD VILLAGE OH 44143</del>
<del>D</del>	<del>RANALLO, ROBERT A</del>	<del>6700 BETA DR., STE. 222 6685 BETA DR.</del>	<del>MAYFIELD VILLAGE OH 44143</del>
			800003500498--7 -12/13/00--01107--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MINOTTI, ANNA MARIE 980 CAPE MARCO DR., UNIT 1308 MARCO ISLAND FL 34145	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD