

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 FEB 27 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 291224

1. Corporation Name

THE ISABELLE CORPORATION

2. Principal Office Address - No P.O. Box #

3350 SW 27 AVENUE

3. Mailing Office Address

3350 SW 27 AVENUE

Suite, Apt. #, etc

SUITE 2102

Suite, Apt. #, etc

SUITE 2102

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

UNITED STATES

Zip

33133

Country

UNITED STATES

CR2E081 (11/10)

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 25, 1965

5. FEI Number

53-1097886

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

LAURENCE A. HERRUP

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

300 71 STREET

Suite, Apt. #, Etc

SUITE 620

City

MIAMI BEACH

State

FL

Zip Code

33141

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

Date 02/26/2024

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
P	ISABELLE AMDUR	3350 SW 27 AVENUE, SUITE 2102	MIAMI, FLORIDA 33133

Reinstatement
2005-2024
Ch

10. E-mail Address: laurence.herrup@herrupschumanpcpa.com

(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Isabelle Amdur

02/26/2024

(305) 866-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ST. JOHN'S DISTRICT
TALLAHASSEE, FL.



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 02/27/2024

Name: Xavian Brown

Reference #: 2275866

Entity Name: THE ISABELLE CORPORATION

Account#: I20000000088
For any issues please contact
Xavian Brown
518-213-0739

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☒ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other Need to reinstate, since name no longer available amend the name to new name.

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

Authorized Amount: \$3635.00

Signature: XPM