

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F52254

1. Corporation Name

Dorothy BRAZEAU INTERIORS INC.

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

2401 N. Ocean Blvd.

3. Mailing Office Address

2401 N. Ocean Blvd.

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE FL.

Zip

33305

Country

BROWARD

Zip

33305

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

Dorothy BRAZEAU

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

2401 NORTH OCEAN BLVD.

Suite, Apt. #, Etc.

402

City

FT. LAUDERDALE

State

FL

Zip Code

33305

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

Dorothy Brazeau

REGISTERED AGENT MUST SIGN

Date 4-27-2010

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	Dorothy BRAZEAU	2401 N. Ocean Blvd. #402	FT. LAUDERDALE FL. 33305

10. E-mail Address: BRAZEAUD@BellSouth.NET

(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 607.0401 or 617.0401, F.S., 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.

SIGNATURE:

Dorothy Brazeau

4-27-2010

FILED

10 APR 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800179474358
04/30/10--01057--026 **1350.00

REINSTATEMENT 02-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 3, 1981

5. FEI Number

59-3150244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.