PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 30 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/01/98--01086--022
***1050.00 ***1050.00

DOCUMENT # J31122

1. Corporation Name CHERIE' LE FRANCE, INC.

Principal Place of Business: 1490 N. FEDERAL HWY POMPANO BEACH FL. 33062.

Mailing Address: SAME AS PRINCIPAL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: AUG 29 1986

5. FEI Number: 59-2726694 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILLIAM MORAN PRESIDENT/DIRECTOR	1490 N. FEDERAL HWY POMPANO BEACH FLORIDA 33062	POMPANO BEACH FL 33062
			B.6/30
			REINSTATEMENT 96-98

8. Name and Address of Current Registered Agent
MICHAEL L. SOVINE
8974 SONOMA LAKE BLVD.
BOCA RATON, FL. 33434

9. Name and Address of New Registered Agent
Name: WILLIAM MORAN
Street Address (P.O. Box Number is Not Acceptable): 1490 NORTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.: N/A
City: POMPANO BEACH | State: FL | Zip Code: 33062

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: X William Moran
REGISTERED AGENT MUST SIGN
Date: 6/26/98.

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: X William Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-98
Date

(954) 746-5082
Daytime Phone #

CR2E045 (1-97)