

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 26 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 43611**

1. Corporation Name

Charbonnet Advisory Company

2. Principal Office Address

4920 Sunset Drive

3. Mailing Office Address

4920 Sunset Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Miami, Florida

City & State

South Miami, Florida

Zip

34239

Country

USA

Zip

33143

Country

USA

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

1/19/1990

5. FEI Number

650170836

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

Loys Charbonnet, III

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

4920 sunset drive

Suite, Apt. #, Etc.

City

South Miami

State

FL

Zip Code

33143

100054219111
05/10/05 0107T 011 5.00

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 **4/25/05**

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
Pres.	Loys Charbonnet, III	4920 Sunset Drive	South Miami, Florida 33143
Sec/Tre	Loys Charbonnet, III	4920 Sunset Drive	South Miami, Florida 33143

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

941.957.1454

Daytime Phone #

CR2E081 (01/05)

CHARBONNET ADVISORY COMPANY, LLC

Developer, Real Estate Consultant and Registered Real Estate Broker

1823 Flower Drive • Sarasota, Florida 34239

Telephone 941.957.1454 • Facsimile 941.954.1746

E-Mail Address: loys@charbonnet.org

Mobile – 941.914.5588

25 April 2005

To: Department of State, Division of Corporations

From: Loys Charbonnet, III

Reinstatement of CHARBONNET ADVISORY COMPANY AND NAME CHANGE.

Please reinstate Charbonnet Advisory Company and change the name to Charbonnet & Company. I own both corporations.

With respect to the reinstatement of Charbonnet Advisory Company and the fee, please be advised that I did not receive the annual renewal papers from the State of Florida. Enclosed are the executed forms for both the reinstatement and the amendment to change the name as above described and two checks in the amounts of \$1,365.00 and \$43.75 which includes receiving a certified copy of the amendment name change.

Thank you, and please call me if you have any questions.