

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M58227**

1. Corporation Name

CHARLISA, INC.

Principal Place of Business

4510 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

4510 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019



REINSTATEMENT 03

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

08/28/1987

5. FEI Number

65-0087653

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PSTD	HILL, RICHARD <i>John Munoz</i>	4510 N. OCEAN DR.	HOLLYWOOD FL
V	HILL, WILLIAM L <i>BARBARA MUNOZ</i>	4510 N. OCEAN DR.	HOLLYWOOD FL

400025817974
12/29/03--01057--012 **150.00

8. Name and Address of Current Registered Agent

HILL, RICHARD
4510 NORTH OCEAN DRIVE
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

John Munoz

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

4510 N. OCEAN DR.

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip Code

33019

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. or 617.0505, F.S.

Signature of
Registered Agent

John Munoz
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *12-22-03*

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:

John Munoz
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Munoz 12-22-03 (954) 588-5005
Date Daytime Phone #

CR2E040 (7/03)

Dec. 22, 03

FLORIDA Dept. OF State
Division OF Corporations

Re: CHARLISA INC.

To Whom it MAY CONCERN,

The prior UBR notices were not
received. Enclosed please find check in the amount
of \$150.00 to reinstate the corporation.

Thank you,
John Munoz pres.