

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 21 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO2000007103**

1. Corporation Name

FONDATION DR. JEAN BARTOLI, INC.

2. Principal Office Address

2649 RIVIERA DR

Suite, Apt. #, etc.

City & State

MIAMAR, FL

Zip

33023

Country

MS

3. Mailing Office Address

2649 RIVIERA DR

Suite, Apt. #, etc.

City & State

MIAMAR, FL

Zip

33023

Country

MS

REINSTATEMENT 04

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

5. FEI Number

030479984

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

MONIQUE CAROLE BARTOLI

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

2649 RIVIERA DR

Suite, Apt. #, Etc.

City

MIAMAR

State

FL

Zip Code

33023

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

Monique Bartoli

REGISTERED AGENT MUST SIGN

Date **12/15/04**

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
CEO	BARTOLI, Monique Carole	2649 RIVIERA DR.	MIAMAR, FL 33023
PD	VERGARA, SANDRINA P.	9210 FONTAINBLEAU BLVD #503	MIAMI, FL 33172
SD	VERGARA, CAROLYN	13821 SW 17 th AVE #8	MIAMI, FL 33175
TD	BARTOLI, PATRICK	2837 ISLAND DR.	MIAMAR, FL 33023

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:

Monique Bartoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/04 954-964-6687

Date

Daytime Phone #

CR2E081 (01/04)