

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27805					
1. Corporation Name LES GRANDES DAMES					
2. Principal Office Address 1705 LYNOALE BLVD Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 2851 Suite, Apt. #, etc.			
City & State MAITLAND, FL		City & State WINTER PARK, FL			
Zip 32751	Country USA	Zip 32790	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/09/1988	
5. FEI Number 592998724				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 KERRY YOUNG					
Street Address (P.O. Box Number is Not Acceptable) 1705 LYNOALE BLVD					
Suite, Apt. #, Etc.					
City MAITLAND		State FL	Zip Code 32751		
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 <i>Kerry Young</i>		REGISTERED AGENT MUST SIGN Date 10/8/2001			
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/D	KERRY YOUNG	1705 LYNOALE BLVD		MAITLAND, FL 32751	
V/D	CANDY COOK	5708 NW 27TH PL		GAINESVILLE, FL 32606	
F/D	CLAUDETTE LALIBERTE	1140 S. ORLANDO AVE, I-1		MAITLAND, FL 32751	
2ND V	NANCY REED	1122 WASHINGTON AVE		WINTER PARK, FL 32789	
S	MARYANN PLANTE	915 N. KENTUCKY AVE		WINTER PARK, FL 32789	
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)(b), 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: <i>Kerry Young</i>		10/8/2001 (407) 644-9182			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			