

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 PM 3:01

DOCUMENT-# P00000003353

1. Corporation Name

L'ETOILE ROYALE, INC.

2. Principal Office Address - No P.O. Box #

329 WORTH AVE

Suite, Apt. #, etc.

UNIT 1

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

3. Mailing Office Address

329 WORTH AVENUE

Suite, Apt. #, etc.

UNIT 1

City & State

PALM BEACH, FL

Zip

33480

Country

PALM BEACH

600163471596 KS
12/09/03--01028--007 **300.00
REINSTATEMENT (09) 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 01-10-2000

5. FEI Number
22-3700992

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

DOGRAMACIYAN, GARBIS MGR

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

329 WORTH AVENUE

Suite, Apt. #, Etc.

UNIT 1

City

LAKE WORTH PALM BEACH

State

FL

Zip Code

33480

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

Dec 04 09

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 M	DOGRAMACIYAN, GARBIS	10 COLTS FOOT GLEN	SADDLE RIVER, NJ 07458

10. E-mail Address: L'ETOILERROYALE @ AOL . com

(To be used for future annual report notification)

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. I further certify 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:

DOGRAMACIYAN, GARBIS

12/04/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #