

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015384

1. Corporation Name

CHRISDAN ENTERPRISES, INC.

Principal Place of Business

488 MARINER DRIVE
JUPITER FL 33477

Mailing Address

488 MARINER DRIVE
JUPITER FL 33477

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Chrisdan Enterprises, Inc.,

Suite, Apt., etc.
3300 PGA Blvd., Suite 900

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt., etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2000

5. FEI Number

65-0980520

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
D	CHRISTOPHER DELEO, PHILIP L	488 MARINER DRIVE	JUPITER FL 33477 DELETE
D	DILEO, PHILIP	488 MARINER DRIVE	JUPITER FL 33477 700004677017--1 -11/13/01--01078--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DILEO, PHILIP
488 MARINER DRIVE
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name
Philip DiLeo
Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Blvd., Suite 900
Suite, Apt., Etc.
City
Palm Beach Gardens
State
FL
Zip Code
33410

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/18/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

CR2E040 (8/01)