

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300009879973
01/06/03--01088--009 **150.00



DOCUMENT # P00000056373

1. Corporation Name

S. MORAND ENTERPRISES, INC.

Principal Place of Business

3044 RED OAK COURT #205
PALM HARBOR FL 34684

Mailing Address

3044 RED OAK COURT #205
PALM HARBOR FL 34684

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

06/02/2000

5. FEI Number

59-3664531

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MORAND, MARYANNE	3044 RED OAK COURT #205	PALM HARBOR FL 34684

8. Name and Address of Current Registered Agent

MORAND, MARYANNE
3044 RED OAK COURT #205
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Maryanne Morand
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/31/02

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:

Maryanne Morand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maryanne Morand, Pres./Director

12/31/02
Date

727-785-8818
Daytime Phone #

CR2E040 (802)

December 31, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Application for Reinstatement

Dear Sir or Madam:

Enclosed please find Application for Reinstatement and check for \$150.00.

Regarding the Notice of Administrative Dissolution, I did not receive the form for filing.

I appreciate the opportunity to correct this matter and sincerely apologize for any inconvenience you have experienced. If you have any questions, please do not hesitate to call me at 727-785-8818 (ofc) or 727-463-5433 (cell).

Sincerely,

Maryanne Morand

Maryanne Morand
S. Morand Enterprises, Inc.
3044 Red Oak Court, No. 205
Palm Harbor, FL 34684