

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

02 APR -1 PM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107553

1. Corporation Name

MICHELLE INVESTMENTS, INCORPORATED

Principal Place of Business

1641 CAPESTERRE DR.  
ORLANDO FL 32824

Mailing Address

1641 CAPESTERRE DR.  
ORLANDO FL 32824

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

11/17/2000

5. FEI Number

91-2088643

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
D	VARGAS, JOSE	1641 CAPESTERRE DR.	ORLANDO FL 32824
			300005397033--8
			05/01/02--01019--023
			*****900.00 *****900.00

8. Name and Address of Current Registered Agent

LIEN, JOYCE  
132 E. COLONIAL DR., #211  
ORLANDO FL 32801-1236

9. Name and Address of New Registered Agent

Name

CAROLINA BLANCO

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

1641 CAPESTERRE DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

REGISTERED AGENT MUST SIGN

Date 03/14/02

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:

JOSE VARGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02

Date

Daytime Phone #

CR2040 (8/01)