

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039483

1. Corporation Name

Chaiffre Du Prieure Co.

2. Principal Office Address

9425 Meadowood Drive

3. Mailing Office Address

9425 Meadowood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34951

Country

USA

Zip

34951

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/18/2001

5. FEI Number

651103811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name

Richard D. Sneed, Jr., P.A.

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

1905 South 25th Street

Suite, Apt. #, Etc.

Suite 206

City

Fort Pierce

State  
FL

Zip Code  
34947

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 5-3-04

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	Jacqueline Chaiffre	7 Rue Victor Fourcauld	Chamont 52000 France

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)(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:

*Jacqueline Chaiffre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2004

Date

Daytime Phone #

CR2E081 (01/04)