

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -4 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000107730**

1. Corporation Name

REMINI ENTERPRISES INC.

2. Principal Office Address

2460 SW 52 STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

3. Mailing Office Address

2460 SW 52 STREET

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33312

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04-3644605

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

NICOLE GAUTHIER

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

2460 S.W. 52 STREET

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

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

Nicole Gauthier

NICOLE GAUTHIER

Date

02/01/04

REGISTERED AGENT MUST SIGN

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
D	REMI DUPELLE	2460 S.W. 52 STREET	FT LAUDERDALE FL 33312

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:

Nicole Gauthier

**NICOLE
GAUTHIER**

02/01/04

Date

754 423-7956

Daytime Phone #

CR2E081 (10/02)