

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 25 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01600120087**

1. Corporation Name

CHAR DUMAIS, AP, DOM, INC

300111358753
10/25/07--01040--008 **450.00
REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #
2050 COLLIER AVE

3. Mailing Office Address
2050 COLLIER AVE

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

Zip
33901

Country
USA

Zip
33901

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **12/17/01**

5. FEI Number
20-2496584

☐ 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
CHARLOTTE M DUMAIS

Street Address (P.O. Box Number is Not Acceptable)
2050 COLLIER AVE

Suite, Apt. #, Etc.
101

City
FORT MYERS

State Zip Code
FL 33901

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

x Charlotte M. Dumais

Date **10/22/07**

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
PD	CHARLOTTE M DUMAIS	2050 COLLIER AVE, #101	FORT MYERS, FL 33901

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 contained in Chapter 119, 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:

x Charlotte M. Dumais

CHARLOTTE M DUMAIS

10/22/07

239-277-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #