

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 16 PM 2:39


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200175731202  
04/14/10--01010--002 \*\*900.00

REINSTATEMENT 05-10

CR2E081 (11/09)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P020000011843

1. Corporation Name

C I CORPORATION

2. Principal Office Address - No P.O. Box #

77 Blvd Malesherbes

Suite, Apt. #, etc.

c/o CDR SA

City & State

Paris

Zip

75008

Country

France

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2002

5. FEI Number

04-3601500

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

Chayim Kessler CPA

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

17570 Atlantic Boulevard

Suite, Apt. #, Etc.

#505

City

Sunny Isles Beach

State

FL

Zip Code

33160

☒ 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

REGISTERED AGENT MUST SIGN

Date

4/12/10

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	Chaouat, Steeves	77 Blvd. Maleshesbes	Paris, France 75008
SD	Israel, David	77 Blvd. Maleshesbes	Paris, France 75008

10. E-mail Address: immopratique@yahoo.fr

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ISRAEL SECRETARY

Date

Daytime Phone #

04/12/2010

352-934-8333