

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

03 OCT 30 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120943

1. Corporation Name

DENIS FAUTEUX, INC.

Principal Place of Business

Mailing Address

2993 VIA NAPOLI
DEERFIELD BEACH FL 334422993 VIA NAPOLI
DEERFIELD BEACH FL 33442

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2002

5. FEI Number

06-1657914

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$0.75 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	FAUTEUX, DENIS	2993 VIA NAPOLI	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAUTEUX, DENIS
2993 VIA NAPOLI
DEERFIELD BEACH FL 33442

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

Oct 23/03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23/03

954 907 4499

October 23, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: UBR filing for Denis Fauteux, Inc.
FEIN 06-1657914

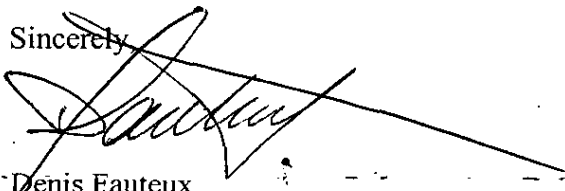
To Whom It May Concern:

This letter is in response to a Notice of Administrative Dissolution or Revocation I received on behalf of my company, Denis Fauteux, Inc. I am writing to report that neither the initial UBR sent out in January nor the second notice sent out June was received by my office.

In light of the fact that this was the first notice I received regarding the UBR filing, the penalties to reinstate should be waived. I have enclosed with this letter the Application for Reinstatement properly filled out, along with a check for \$150 for the fee to file the report without penalty.

Should you have any questions or comments, please contact me at 954-907-4499.

Sincerely,



Denis Fauteux
President

Encl.