

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 27 AM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000034619

1. Corporation Name

Kris and Sophie Haulotte, Inc.

2. Principal Office Address

8480 Okeechobee Blvd

3. Mailing Office Address

8480 Okeechobee blvd.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite # 2

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33411

Country

palm beach

Zip

33411

Country

Palm Beach

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

March 26, 2003

5. FEI Number

03-0519773

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

Kristopher J. Haulotte

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

9654 Worswick Ct.

Suite, Apt. #, Etc.

City

Wellington

State
FL

Zip Code

33414

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

Date 06/22/06

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
PTD	Kristopher J Haulotte	9654 Worswick ct	Wellington, Fl. 33414
VSD	Sophie Haulotte	9654 Worswick Ct.	Wellington, Fl. 33414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/22/06

Date

561-793-0828

Daytime Phone #

K. Eckel AUG 01 2006