

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000022101

1. Corporation Name

**ALAIN ARMAND, P.A.**

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

1150 KANE CONCOURSE

3. Mailing Office Address

1150 KANE CONCOURSE

Suite, Apt. #, etc.

SUITE: 2W

Suite, Apt. #, etc.

SUITE: 2W

City & State

BAY HARBOR ISLAND FL

City & State

BAY HARBOR ISLAND FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/03/2004

5. FEI Number

26-0301313

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

ALAIN RENE

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

1150 KANE CONCOURSE

Suite, Apt. #, Etc.

SUITE: 2W

City

BAY HARBOR ISLAND

State

FL

Zip Code

33154

☒ 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

Date 06-06-07

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	ALAIN RENE	1150 KANE CONCOURSE SUITE: 2W	BAY HARBOR ISLAND FL 33154

000104429600  
06/15/07--01047--005 \*\*450.00

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:

06-06-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #