

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000115905

1. Corporation Name

CHERYL S DANBOISE P.A.

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

17053 Arrowhead Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

17053 Arrowhead Blvd.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL.

City & State

WINTER GARDEN, FL.

Zip

34787

Country

ORANGE

Zip

34787

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

CHERYL DANBOISE

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

17053 Arrowhead Blvd.

Suite, Apt. #, Etc.

City

WINTER GARDEN.

State

FL

Zip Code

34787

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

Cheryl Danboise

REGISTERED AGENT MUST SIGN

Date

5/3/10

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
PST	CHERYL DANBOISE	17053 Arrowhead Blvd.	WINTER GARDEN, FL. 34787

10. E-mail Address: CHERYL.SUE.22@Y4H00.COM

(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:

Cheryl Danboise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/10

Daytime Phone #

FILED

10 MAY -6 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180504546

05/06/10--01041--023 **150.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

300272876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.