

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000152954

1. Corporation Name

Dina ST Amour P.A.

400358531554
01/20/21--01031--010 **900.00

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

2233 NW 159 Lane

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

US

3. Mailing Office Address

2233 NW 159 Lane

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33028

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/2005

5. FEI Number

20-4637332

☐ 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

Dina St. Amour

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

2233 NW 159 Lane

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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 8 Jan 2021

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
P, D	Dina St. Amour	2233 NW 159 Lane	Pembroke Pines, FL 33028
M	Justine St. Amour	2233 NW 159 Lane	Pembroke Pines, FL 33028
M	Gabrielle Dupin	12934 Sanctuary Cove Dr.	Tampa, FL 33637

10. E-mail Address: PAER90@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #