

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100110870521

10/17/07--01003--018 \*\*150.00

**DOCUMENT #**

1. Corporation Name

Christine Lauren Incorporated

P. 06000132483

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

1616 W Cape Coral Pkwy

Suite, Apt. #, etc.

#102

City & State

CAPE CORAL

Zip

33914

Country

LEE

**3. Mailing Office Address**

1616 W Cape Coral Pkwy

Suite, Apt. #, etc.

#102

City & State

CAPE CORAL

Zip

33914

Country

LEE

**REINSTATEMENT 2007**

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/18/2006

**5. FEI Number**

NONE

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SHUTT DARRIN R. ESA

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

1105 CAPE CORAL PARKWAY EAST STE C

Suite, Apt. #, Etc.

C

City

CAPE CORAL

State

FL

Zip Code

33914

☒ 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.

did not receive !!

**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 Oct. 9/12 2007

**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
Pres	Chans Boymann	1616 W Cape Coral Pkwy A 102	Cape Coral - FL 33914

**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

October 9/12 2007

Date

Daytime Phone #