

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000013507**

1. Corporation Name

SANON-JULES ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

10300 SUNSET DR
SUITE 265
MIAMI FL 33173
US

P. O. BOX 2184
MIAMI BEACH FL 33140
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1992

5. FEI Number

65-0374242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
OP	SANON-JULES, THOMAS	14201 SW 88 ST #D104	MIAMI FL 33186
ST	SANON-JULES, GARY	255 COLLINS AVE #9	MIAMI BEACH FL
D	SANON-JULES, THOMAS	14201 SW 88 ST #D104	MIAMI FL 33186
D	SANON-JULES, MARIE	15521 S.W. 109 AVE.	MIAMI FL
D	SANON-JULES, CELANIE	21269 S.W. 85TH AVE.	MIAMI FL
D	DOUGE, NANCY	15540 SW 80 ST #201	MIAMI FL 33193

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANON-JULES, THOMAS
10300 SUNSET DRIVE
SUITE 265
MIAMI FL 33173

Name

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

Suite, Apt. #, Etc.

City

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

05/22/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Date

Da Time Phone #

05/22/99 (361) 591-3355

CR2E040 (9/98)