

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2:24

DOCUMENT # **993000055825**

1. Corporation Name

Choucoune Enterprises, Inc

2. Principal Office Address

879 TRAFALGAR ST.

Suite, Apt. #, etc.

City & State

DELtona

Zip

32725

Country

**USA
Volusia**

3. Mailing Office Address

879 TRAFALGAR ST.

Suite, Apt. #, etc.

City & State

DELtona

Zip

32725

Country

USA

REINSTATEMENT 97-01

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

Aug 6, 1993

5. FEI Number

59-319850-8

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

JEAN BANCE

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

879 TRAFALGAR ST.

Suite, Apt. #, Etc.

600004432866-8

06/20/01-01069-032

*****1358.75 ***1358.75**

City

DELtona

State

FL

Zip Code

32725

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-17-01**

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	JEAN A BANCE	879 TRAFALGAR ST.	DELtona, FL 32725
V PRES	JEAN B BANCE	879 TRAFALGAR ST.	DELtona, FL 32725
SECY	EMILE ROUZEAN	225-35 109th AVE	QUEENS VILLAGE, NY 11429

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 paid 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-01 305 681-8008

Date

Daytime Phone #

305 804-6073

CR2E081 (9/99)