

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 OCT -1 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056355**

1. Corporation Name

PASTEUR ENTERPRISES, INC

2. Principal Office Address

14534 West Dixie Hwy

Suite, Apt. #, etc.

City & State **Miami - Florida**

Zip **33161**

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0515290

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

PASTEUR, LUPSON

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

14534 W. Dixie Hwy

Suite, Apt. #, Etc.

City

NORTH MIAMI, FL

State

FL

Zip Code

33161

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

9/29/04

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	PASTEURS, LUPSON	14534 W Dixie Hwy	Miami, FL 33161

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10/01/04--01061--005 **150.00

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 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

9/29/04

Date

Daytime Phone #

Miami, Sep 29, 2004

Department of State

Ref: P94000056351

Dear Sir:

As per our telephone conversation we are enclosing a money order of \$1500.00. Please be advised as mentioned we have renewed our corporation every year, on this particular year we did not receive the annual report, because we were, therefore we are pleading you to absolve the penalty charge.

Sincerely,


