

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -4 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019123

1. Corporation Name

Jean Pierre Fargeon Inc.

2. Principal Office Address

10205 Collins Ave.

Suite, Apt. #, etc.

808

City & State

Bal Harbour FL

Zip

Country

33154

USA

3. Mailing Office Address

4101 Ravenswood Road

Suite, Apt. #, etc.

111

City & State

Ft. Lauderdale FL

Zip

Country

33312

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/95

5. FEI Number

65-0577844

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-Pierre Fargeon

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

10205 Collins Ave.

Suite, Apt. #, Etc.

808

City

Bal Harbour

State

FL

Zip Code

33154

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

X

Date 3/1/02

REGISTERED AGENT MUST SIGN

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.T.S.D.	Jean-Pierre Fargeon	10205 Collins Ave. #808	Bal Harbour, FL 33154

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-Pierre Fargeon

Date

3/1/02

Daytime Phone #

305-528-6505

CR2E081 (9/00)