

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000076279**

1. Corporation Name

CHIROUSSOT-CHAMBEAUX & ASSOCIATES, INC.

REINSTATEMENT

0102

2. Principal Office Address

240 CRANDON BLVD

Suite, Apt. #, etc.

SUITE 207

City & State

KEY BISCAIYNE FL

Zip

33149

Country

US

3. Mailing Office Address

240 CRANDON BLVD

Suite, Apt. #, etc.

SUITE 207

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

US

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

10-5-95

5. FEI Number

65-0611028

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

PHILIPPE CHIROUSSOT-CHAMBEAUX

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

240 CRANDON BLVD.

Suite, Apt. #, Etc.

SUITE 207

City

KEY BISCAIYNE

State

FL

Zip Code

33149

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 **5/21/02**

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	PHILIPPE CHAMBEAUX	240 CRANDON BLVD #207	KEY BISCAIYNE FL 33149
V.P.S	ISABEL ZICHY-THYSSEN	240 CRANDON BLVD #207	KEY BISCAIYNE FL 33149
D	DANIEL CHAMBEAUX	240 CRANDON BLVD #207	KEY BISCAIYNE FL 33149
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			*****8.75 *****8.75

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

PHILIPPE CHIROUSSOT-CHAMBEAUX

PRES.

Date

5/21/02

Daytime Phone #

305-361-5112