

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076279

1. Corporation Name

CHIROUSSOT-CHAMBEAUX GROUP, INC.

Principal Place of Business

Mailing Address

240 CRANDON BLVD.
SUITE 207
KEY BISCAYNE FL 33149

240 CRANDON BLVD.
SUITE 207
KEY BISCAYNE FL 33149



REINSTATEMENT 2003

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

261 NE 1st STREET
Suite, Apt. #, etc.
Suite 600

261 NE 1st STREET
Suite, Apt. #, etc.
SUITE 600

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33132

Country
USA

Zip
33132

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1995

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHIROUSSOT-CHAMBEAUX, PHILIPPE	240 CRANDON BLVD. #207 261 NE 1 st Street #600	KEY BISCAYNE FL 33149 MIAMI, FL 33132
VPS	ZICHY-THYSSEN, ISABEL	240 CRANDON BLVD. #207 261 NE 1 st Street #600	KEY BISCAYNE FL 33149 MIAMI, FL 33132
D	CHIROUSSOT-CHAMBEAUX, DANIEL	240 CRANDON BLVD. #207 261 NE 1 st Street #600	KEY BISCAYNE FL 33149 MIAMI, FL 33132

700024265377
10/30/03--01007--010 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIROUSSOT-CHAMBEAUX PHILIPPE
240 CRANDON BLVD.
SUITE 207
KEY BISCAYNE FL 33149

Name
CHIROUSSOT-CHAMBEAUX PHILIPPE
Street Address (P.O. Box Number is Not Acceptable)
261 NE 1st Street
Suite, Apt. #, Etc.
Suite 600
City
Miami
State
FL
Zip Code
33132

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/27/03

11. 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

CHIROUSSOT-CHAMBEAUX, philippe

Date

Daytime Phone #

10/27/03 (305) 603-2238

CR2E040 (7/03)