

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000086874 (1)

1. Corporation Name

Chez Daniel, Inc.

2. Principal Place of Business

Mailing Address

6621 Midnight Pass Rd. (same)
Sarasota, FL 34242

REINSTATEMENT 98-99

If there are changes are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6621 Midnight Pass Rd.

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

City & State

Sarasota, FL

Country

34242

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1995

5. FEI Number

65-0623494

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Name	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	Daniel Quillec	2716 Siesta Drive	Sarasota, FL 34239
DST	Danielle Quillec	2716 Siesta Drive	Sarasota, FL 34239
100002993081--4 -09/22/98--01006--001 ****900.00 ****900.00			

8. Name and Address of Current Registered Agent

Nevin A. Weiner
46 N. Washington Blvd.
Suite 1
Sarasota, FL 34239

9. Name and Address of New Registered Agent

Name
Danielle Quillec
Street Address (P.O. Box Number is Not Acceptable)
6621 Midnight Pass Rd.
Suite, Apt. #, Etc.
City
Sarasota
State
FL
Zip Code
34242

10. I being an officer or the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Danielle Quillec
DANIELLE QUILLEC
REGISTERED AGENT MUST SIGN

Date *9.8.99*

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(b), 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: *Danielle Quillec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Danielle Quillec

Secretary *9.8.99*

Date

941-346-9228

Daytime Phone #