

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000087276

1. Corporation Name

IL PAIN DU OR, INC

Principal Place of Business

Mailing Address

16646 SADDLE CLUB ROAD #4
WESTON, FLORIDA 33326

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

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0625766

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
ST	JOAO ALEXANDER FERREIRA	16646 SADDLE CLUB ROAD #4	WESTON, FL 33326
	NORAHAI		
P	NORAHAI DEE MARIA RONCAYOLO	16646 SADDLE CLUB ROAD #4	WESTON FL 33326

REINSTATEMENT

97-980
1/27/98

100002445381--2

-03/03/98--01047--016

****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS INC.
2732 N.W. 16 STREET
FORT LAUDERDALE FL 33311

Name

JOAO ALEXANDER FERREIRA

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

16646 SADDLE CLUB ROAD, #4

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/26/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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

NORAHAI DEE MARIA RONCAYOLO

Date

1/26/98

Daytime Phone #

(954) 385-8252

CR2040 (12/96)