

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE 99 AR Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P96000045840</b>			
1. Corporation Name <b>MARIE S. PARIS, INC.</b>			
Principal Place of Business <b>912 DREW ST. SUITE 104 CLEARWATER FL 34615</b>		Mailing Address <b>912 DREW ST. SUITE 104 CLEARWATER FL 34615</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida <b>05/30/1996</b>		5. FEI Number <b>59-3391419</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	City / State Zip
D	CHAVANNE, PHILIPPE	851 LANTANA AVE	CLEARWATER FL
8. Name and Address of Current Registered Agent <b>CHAVANNE, PHILIPPE 912 DREW ST, SUITE 104 CLEARWATER FL 34615</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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 _____ Date _____ REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 617.040, 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: <u>May 1, 99</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

99 MAY 17 PM 12:09  
TALLAHASSEE, FLORIDA



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TS 98-99 AR

CR2ED40 (9/98)

May 01, 1999

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Regarding: Marie S. Paris, Inc. – Doc.# P96000045840



To Whom It May Concern:

I am in receipt of "Notice of Administrative Dissolution or Revocation" for Marie S. Paris, Inc.

I have enclosed payment in the amount of \$300 for the 1998 & 1999 annual corporate dues for the above-mentioned corporation.

I would like to request the late penalties be waived for this one time, as the 1998 report was never received.

If you have any questions or wish to discuss this matter, I can be contacted at 727-445-9707. Thank you in advance for your assistance in this matter.

Best regards,

  
James McPhee