

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN -6 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081215**

1. Corporation Name

JUL DANICO PROPRETE, INC.

2. Principal Office Address

#630 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite 3400

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

3. Mailing Office Address

#630 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite 3400

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1996

5. FEI Number

65-0725321

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

Anamaria Bandin-Nelson

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

5565 E. LEITNER DR.

Suite, Apt. #, Etc.

500004440135-9

-06/26/01-01002-021

*****1058.75 ***1058.75**

City

CORAL SPRINGS FL

State
FL

Zip Code

33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-30-01**

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
PD	Nelson, Joseph J.	5565 E. LEITNER DR	CORAL SPRINGS FL 33067
VD	EL MASRY, NAZIE	SLOTTERWEG 327	{ 1171 VC, BADHOE VEDORP THE NETHERLANDS
SD	EL MASRY, PATRICIA	SLOTTERWEG 327	
TD	BANDIN-NELSON, ANAMARIA	5565 E. LEITNER DR	CORAL SPRINGS, FL 33067

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

4-30-01

Date

954-345-2982

Daytime Phone #

CR2E081 (3/99)