

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 18 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DE N Sales Inc

8960000 85163

REINSTATEMENT 98-03

2. Principal Office Address

174 Windward Dr

3. Mailing Office Address

Sam

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Zip

33418

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/98

5. FEI Number

11-3171989

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

Marienne Victor

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

174 Windward Dr

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33414

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

Marienne Victor

REGISTERED AGENT MUST SIGN

Date

3/14/03

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
Pres	Marienne F Victor	174 Windward Dr	Palm Beach Gardens FL 33414
Sec	"	"	"
Treas	"	"	"

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:

Marienne Victor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03
Date

561-6941925
Daytime Phone #

MARIENNE VICTOR

CR2E081 (10/02)