

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000089525

1. Corporation Name

CHERRY BLOSSOM ENTERPRISES, INC.

Principal Place of Business

2000 ISLAND BVD  
STE 1704  
WILLIAMS ISLAND FL 33160  
US

Mailing Address

123 SE 3RD AVENUE  
166  
MIAMI FL 33131  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7788 NW 71 ST  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7788 NW 71 ST  
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1996

5. FEI Number

65-0709581

Applied For

Not Applicable

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 3	City / State / Zip 4
D	SIKORSKI, ALEX	2000 ISLAND BLVD., STE 1704	WILLIAMS ISLAND FL 33160

REINSTATEMENT 01-02-10

8. Name and Address of Current Registered Agent

SIKORSKI, ALEX  
2000 ISLAND BLVD  
SUITE 1704  
WILLIAMS ISLAND FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

CR20040 (801)