

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 15 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090688

1. Corporation Name

MONIQUE MATHIEU, INC.

2. Principal Office Address

22 RUE TIQUETONNE

Suite, Apt. #, etc.

City & State

Paris

Zip

Country

FRANCE

3. Mailing Office Address

22 RUE TIQUETONNE

Suite, Apt. #, etc.

City & State

Paris

Zip

Country

FRANCE

4. Date Incorporated or Qualified  
To Do Business in Florida 11/05/1996

5. FEI Number  
650706951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01-04

**7. Name and Address of Current Registered Agent**

Name

Taylor Hodkin Kopelowith & Ostrow, P. A.

Street Address (P.O. Box Number is Not Acceptable)  
350 East Las Olas Blvd.

Suite, Apt. #, Etc.  
Suite 1440

City

Ft. Lauderdale

State

FL

Zip Code

33301

400032779404

04/15/04--01014--017 \*\*1200.00

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

*Charles R. Cow*

REGISTERED AGENT MUST SIGN

Date 4/13/04

**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
P	Monique Mathieu	22 RUE TIQUETONNE	PARIS, FRANCE

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:

*M. Mathieu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.13.04

Date

9545254100

Daytime Phone #

CR2E081 (01/04)