

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000093048

1. Entity Name  
LE PETIT CHOUX, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 OCT 31 PM 1:18

Principal Place of Business  
10155 COLLINS AVE.  
# 601  
BAL HARBOUR, FL 33154

Mailing Address  
~~10155 COLLINS AVE.~~  
~~# 601~~  
~~BAL HARBOUR, FL 33154~~



2. Principal Place of Business No P.O. Box #  
1052 KANE CONCOURSE  
Suite, Apt. #, etc.

3. Mailing Address  
17700 SW 117TH ST. RD.  
Suite, Apt. #, etc.

10252007 REIN-P CR2E098 (1/07)

City & State  
BAY HARBOR ISLANDS  
FLORIDA  
Zip  
33154

City & State  
DUNNELLON FLORIDA  
Zip  
34432  
Country  
USA

4. FEI Number  
65-0708399  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUSKEL, TANIA  
10155 COLLINS AVENUE  
# 601  
BAL HARBOUR, FL 33154

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
BOUSKELA, TANIA  
10155 COLLINS AVE #601  
BAL HARBOUR, FL 33154 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000112388210  
11/16/07--01055--008 \*\*150.00

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REINSTATEMENT

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an Attachment with an address. ☐ All other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TANIA BOUSKELA

PRESIDENT

Daytime Phone #

10/29/07

305-864-4666