

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 29 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009033

1. Corporation Name

Cheryl Dennis INC.

2. Principal Office Address

10860 NW 29th Manor

3. Mailing Office Address

10860 NW 29th Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise Florida

City & State

Sunrise Florida

Zip

33322

Country

Broward

Zip

33322

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 24, 1997

5. FEI Number

65-0725180

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

Cheryl Dennis-Seamans

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

10860 NW 29th Manor

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33322

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

Cheryl Dennis-Seamans

Date 4.21.03

REGISTERED AGENT MUST SIGN

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
PTD SVC	Cheryl Dennis-Seamans	10860 NW 29th Manor	Sunrise FL 33322

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:

Cheryl Dennis-Seamans

Date

4.21.03

Daytime Phone #

954
748-9400

CR2E081 (10/02)

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4/20