

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Jun 28, 2002 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P970000069872**

1. Corporation Name

Joel LaDouceur Consulting, Inc.

2. Principal Office Address

**5600 NW 38 Terr.
Coconut Creek, FL 33073**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

**5600 NW 38 Terrace
Coconut Creek, FL 33073**

Suite, Apt. #, etc.

City & State

Zip

Country

600006157516--7

-07/02/02--01047--010

*******450.00 *****450.00**

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/18/1997

5. FEI Number

65-0775961

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

GASS, Daniel G

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

10001 NW 50th St., #204

Suite, Apt. #, Etc.

City

SUNRISE FL 33351

State

FL

Zip Code

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

Date

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
P	JOEL LADOUCEUR	5600 NW 38 Terr.	Coconut Creek, FL 33073

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/02

Date

Daytime Phone #

Joel LaDouceur Consulting, Inc.
FIN: 65-0775961

5600 NW 38 Terrace
Coconut Creek, FL 33073
e-mail: ladouceurjoel@yahoo.com
Phone: (954) 899-8700

To whom it may concern,

Regrettably, I was not aware that I had to file with the Florida Department of State even after the account was dissolved.

Please, Re-activate the account. FIN#: 65-0775961.

As per my conversation with the nice lady, whose name escapes me, I send a check in the amount of \$450.00. Also in the envelope is my corporate Income Tax return for the year ended December 31, 2000, as requested. The re-instatement form is also enclosed.

Sincerely,
Joel Ladouceur, President