

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 23 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P97000070443  
CHRISTIANA DU MARCHANT  
Corporation

2. Principal Office Address

5700 COACH HOUSE CIRCLE

Suite, Apt. #, etc.

UNIT #F

City & State

BOCA RATON, FL.

Zip

33486

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-03

4. Date Incorporated or Qualified  
To Do Business in Florida

8-14-97

5. FEI Number

65-0774201

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

Joanne Rothschild

100010670491  
01/23/03--01039--010 \*\*1350.00

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

5700 COACH HOUSE CIRCLE - UNIT #F

Suite, Apt. #, Etc.

BOCA RATON

City

State

FL

Zip Code

33486

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

Joanne Rothschild

REGISTERED AGENT MUST SIGN

Date 1/23/03

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

President	Joanne Rothschild	5700 #F Coach House Circle	Boca Raton, Fl. 33486
1st Vice President	Joanne Rothschild	5700 #F Coach House Circle	Boca Raton, Fl. 33486
Secretary	Joanne Rothschild	5700 #F Coach House Circle	Boca Raton, Fl. 33486
Treasurer	Joanne Rothschild	5700 #F Coach House Circle	Boca Raton, Fl. 33486

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:

Joanne Rothschild, President

Date

1/23/03

Daytime Phone #

561-394-0804

CR2E081 (9/01)