

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED  
10/2

98 DEC -8 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000106898**

1. Corporation Name

**CARDIN ENTERPRISES INC.**

Principal Place of Business

166 SOUTH ATLANTIC AVE  
ORMOND BEACH FL 32176

Mailing Address

166 SOUTH ATLANTIC AVE  
ORMOND BEACH FL 32176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3330415

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jean R. Pierre	2550 Tulane Ave Atp. 202	Daytona Bch, FL 32118
V.Pres.	Sandra L. Pierre	1505 W. Tharpe St Atp. 2714	Tallahassee FL 32303
Tres.	Gean Pierre	2550 Tulane Ave. Apt. 202	Daytona Bch, FL 32118

8000002713378--E  
-12/15/98--01083--014  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

PIERRE, JEAN R  
166 SOUTH ATLANTIC AVE  
ORMOND BEACH FL 32176

9. Name and Address of New Registered Agent

Name  
Jean R. Pierre  
Street Address (P.O. Box Number is Not Acceptable)  
166 S. Atlantic Ave.  
Suite, Apt. #, Etc.

City

Ormond Bch,

State

FL

Zip Code

32176

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
JEAN R. PIERRE  
Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 REQUIRED**  
JEAN R. PIERRE  
Date

Date

Daytime Phone #

202

Jean R. Pierre

166 S. Atlantic Ave.

Ormond Bch, Fl 32176

To whom it may concern,

The reason that I did not send the payment the  
first time is because, I did not receive the form.

Thankyou,

*Jean R. Pierre*