

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR -8 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006926

1. Corporation Name

F.W. DOCTEUR CO.

Principal Place of Business

535 OPA LOCKA BLVD.
MIAMI FL 33168

Mailing Address

535 OPA LOCKA BLVD.
MIAMI FL 33168

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
~~WILFRID DOCTEUR~~
City & State
~~535 OPA LOCKA BLVD~~
Zip
33168
Country
MIAMI

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
MARC R Docteur
City & State
535 OPA LOCKA BLVD
MIAMI FLORIDA
Zip
33168
Country
MIAMI

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1998

5. FEI Number

Applied For

☒ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOCTEUR, WILFRID	535 OPA LOCKA BLVD.	MIAMI FL 33168
D	DOCTEUR, MARC R	535 OPA LOCKA BLVD.	MIAMI FL 33168
			500003171715--5 -03/15/00--01102--022 ****700.00 ****700.00
			100003171721--7 -03/15/00--01102--023 ****208.75 ****208.75

8. Name and Address of Current Registered Agent

DOCTEUR, WILFRID
535 OPA LOCKA BLVD.
MIAMI FL 33168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Wilfrid Docteur
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

03-01-00

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

WILFRID Docteur

Wilfrid Docteur 12-16-99