

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P98000024625**

1. Corporation Name
SANDRA DUCHEINE, P.A.

Principal Place of Business Mailing Address
~~2020 NE 163RD ST. STE 300~~ ~~2020 NE 163RD ST. STE 300~~
~~NORTH MIAMI BEACH FL 33162~~ ~~NORTH MIAMI BEACH FL 33162~~

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

2. New Principal Office Address, If Applicable
3858 Sheridan Street
 Suite, Apt. #, etc.
 City & State **Hollywood, Florida**
 Zip **33021** Country **USA**

3. New Mailing Office Address, If Applicable
3858 Sheridan Street
 Suite, Apt. #, etc.
 City & State **Hollywood, Florida**
 Zip **33021** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
03/16/1998

5. FEI Number **65-0899370**
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
 01 JUL 30 PM 3:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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	4 City / State / Zip
P	DUCHINE, SANDRA	2020 NE 163RD ST, STE 300 3858 Sheridan Street	NORTH MIAMI BEACH FL 33162 Hollywood, FL 33021
			800004533978--7 -08/14/01--01054--012 ****900.00 ****300.00 800004533978--7 -08/14/01--01054--012 ****8.75 ****8.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUCHINE, SANDRA ESQ.
~~2020 NE 163RD ST, STE 300~~
~~NORTH MIAMI BEACH FL 33162~~

Name **Sandra Duchaine, Esq.**
 Street Address (P.O. / Box Number is Not Acceptable)
3858 Sheridan Street
 Suite, Apt. #, Etc.
 City **Hollywood** State **FL** Zip Code **33021**

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 **Sandra Duchaine** **REQUIRED** Date **7/25/01**
 REGISTERED AGENT MUST SIGN

11. 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: **Sandra Duchaine** **REQUIRED** Date **7/25/01** (954) 965-5002
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)