

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~~  
~~NORTH MIAMI BEACH FL 33162~~

~~2020 NE 163RD ST. STE 300~~  
~~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.

3. New Mailing Office Address, If Applicable

3858 Sheridan Street  
Suite, Apt. #, etc.

City & State  
Hollywood, Florida

Zip 33021 Country USA

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DUCHINE, SANDRA	<del>2020 NE 163RD ST, STE 300</del> 3858 Sheridan Street	<del>NORTH MIAMI BEACH FL 33162</del> Hollywood, FL 33021
			800004533978--7 -08/14/01--01054--012
			****300.00 ****300.00
			800004533978--7 -08/14/01--01054--013
			****8.75 ****8.75

8. Name and Address of Current Registered Agent

DUCHINE, SANDRA ESQ.

~~2020 NE 163RD ST, STE 300~~

~~NORTH MIAMI BEACH FL 33162~~

9. Name and Address of New Registered Agent

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*  
REGISTERED AGENT MUST SIGN

Date 7/25/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra Duchaine*  
Sandra Duchaine

7/25/01 (954) 965-5002  
Date Daytime Phone #

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



REINSTATEMENT

CR2E040 (8/00)