

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000008401

1. Corporation Name

DIANE E. CHENAULT, P.A.

Principal Place of Business

3736 LAKE MARGARET DRIVE  
ORLANDO FL 32812

Mailing Address

3736 LAKE MARGARET DRIVE  
ORLANDO FL 32812

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/22/1999

5. FEI Number

59-3552355

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CHENAULT, DIANE	3736 LAKE MARGARET DR	ORLANDO FL 32812

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-11/21/01--01017--011

\*\*\*\*150.00 \*\*\*\*150.00

LS

8. Name and Address of Current Registered Agent

CHENAULT, DIANE E  
3736 LAKE MARGARET DRIVE  
ORLANDO FL 32812

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-01

407-240-5596

FILED

01 OCT 29 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (8/01)

October 25, 2001

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Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

I am in receipt of the Application for Reinstatement that I an enclosing plus the \$150 fee.  
This is the first notice I have received regarding this matter. My address has not changed,  
so I do not know why I have not received any previous notices about this fee, but I have  
not.

Sincerely,



Diane E Chenault  
3736 Lake Margaret Drive  
Orlando, FL 32812

RECEIVED BY CREDITORS