

P99000055553

CORPORATION
REINSTATEMENT



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

FILED THIS FORM.

FILED

02 AUG 22 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

DOCUMENT # P99000055553

1. Corporation Name

Charrette Enterprises, Inc.

2. Principal Office Address

3835 NW Boca Raton Blvd

Suite, Apt. #, etc.

100

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Office Address

560 Golden Harbor Dr.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/99

5. FEI Number

65-0938154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stuart S Rosenfel

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

464 East Atlantic Blvd.

Suite, Apt. #, Etc.

101

City

Pompano Beach

State

FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Mitchell F Kunk	560 Golden Harbor Dr.	Boca Raton FL 33432

10. 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

7/5/02

Daytime Phone #

CR2E081 (9/01)