

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P99000058938**

03 OCT 17 PM 2:36

1. Corporation Name

**CHAMPS ELYSEES ANTIQUES, INC.**

SECRETARY OF STATE  
**REINSTATEMENT 03**

Principal Place of Business

Mailing Address

7944 NW 62ND WAY  
 PARKLAND FL 33067

7944 NW 62ND WAY  
 PARKLAND FL 33067



900023920599  
 10/17/03--01093--002 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0940154

Not Applicable

Zip

Country

Zip

Country

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
<del>PD</del>	<del>SANTINI, MARIE JOSEE</del>	<del>DOMAINE DU LAC BLEU RUE DU LAC,</del>	<del>13480 - CABRIES - FRANCE</del>
VD	SANTINI, NICOLAS	7944 NW 62ND WAY	PARKLAND FL 33067
<del>SD</del>	<del>SANTINI, CLAUDE</del>	<del>DOMAINE DU LAC BLEU RUE DU LAC,</del>	<del>13480 - CABRIES - FRANCE</del>
PD	SANTINI, MARIE-JOSEE	7944 NW 62nd WAY	PARKLAND FL 33067
SD	SANTINI, CLAUDE	7944 NW 62nd WAY	PARKLAND FL 33067

8. Name and Address of Current Registered Agent

SANATINI, NICOLAS  
 7944 NW 62ND WAY  
 PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name  
**SANTINI Nicolas**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7944 NW 62nd WAY**  
 Suite, Apt. #, Etc.  
 City  
**PARKLAND** State **FL** Zip Code **33067**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE**

REGISTERED AGENT MUST SIGN

Date **10/10/2003**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003

Date

(954)-757-8617

Daytime Phone #

CR2E040 (7/03)

CHAMPS ELYSEES ANTIQUES, Inc  
7944 NW 62<sup>nd</sup> Way  
PARKLAND, FL 33067

FEI # 65-0940154

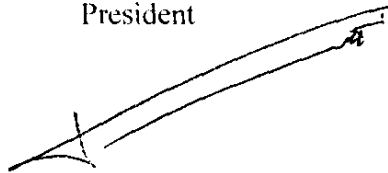
DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

Dear sirs,

This letter is to inform you that we did not received our annual report form for the year 2003 and therefore couldn't fill it out and send it back to you.  
Attached to this letter you will find the Application for Reinstatement duly completed.

Sincerely yours.

Marie-Jose SANTINI  
President

A handwritten signature in black ink, appearing to read 'Marie-Jose Santini', written over a horizontal line. The signature is slanted upwards from left to right.

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