

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000088178

1. Corporation Name

AUX DOIGTS DOR, INC.

Principal Place of Business

Mailing Address

8031 KIMBERLY BOULEVARD
N. LAUDERDALE FL 33068

8031 KIMBERLY BOULEVARD
N. LAUDERDALE FL 33068

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1999

5. FEI Number

59-0957309

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EUGENE, DANIELLA L	1345 HAMPTON BLVD	N. LAUDERDALE FL 33068
VD	EUGENE, NORBERT J.C.	1345 HAMPTON BLVD	N. LAUDERDALE FL 33068
SD	ST. LOUIS, ANNE SACHA	1345 HAMPTON BLVD	OAKLAND PARK FL 33309

900023969779
10/21/03--01061--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EUGENE, DANIELLA L
1345 HAMPTON BLVD.
N. LAUDERDALE FL 33068

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. or 617.0505, F.S.

Signature of
Registered Agent

X Daniella L Eugene
REGISTERED AGENT MUST SIGN

Date 10-16-2003

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:

X Daniella L Eugene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-2003 954 722 6225

CR2040 (7/03)

Aux Doigts Dor Inc.,
8031 Kimberly Boulevard
N. Lauderdale FL 33068
October 16, 2003

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

To Whom It May Concern:

We did not receive the original Uniform Business Report form. After talking with an associate on October 16, 2003 at the Florida Department of State we have enclosed payment of \$150.

Sincerely,

Daniella L. Eugene

Daniella L. Eugene