

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 20 PM 2: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S72614

1. Corporation Name Le Faubourg, Inc

2. Principal Office Address - No P.O. Box #

5680 SW 3rd Place

3. Mailing Office Address

5680 SW 3rd Place

Suite, Apt. #, etc.

Apt 102

Suite, Apt. #, etc.

Apt 102

City & State

margate , FL

City & State

margate , FL

Zip

33068

Country

USA

Zip

33068

Country

USA

**REINSTATEMENT 04-08**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/1991

5. FEI Number

65-0280533

☐ 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

Normand Zakaib

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

5680 SW 3rd Place

Suite, Apt. #, Etc.

Apt 102

City

margate

State

FL

Zip Code

33068

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 3/12/08

REGISTERED AGENT MUST SIGN

**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
D	Normand Zakaib	5680 SW 3rd Place	margate , FL 33068

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 contained in Chapter 119, 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

March 12/08

Date

Daytime Phone #