

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -7 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V-32481

1. Corporation Name

Denyse Enterprises, Inc.

2. Principal Office Address

9908 S.W. 1st Court

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

Broward

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/29/1992

5. FEI Number

65-0343408

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-99

7. Name and Address of Current Registered Agent

Name

Robert C. Denyse

300003170469-6

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

9908 S.W. 1st Court

03/15/00 01013-013

***1350.00 ***1350.00

Suite, Apt. #, Etc.

City

Coral Springs

State
FL

Zip Code

33071

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

X Robert C Denyse PRESIDENT
REGISTERED AGENT MUST SIGN

Date X 2-3-2000

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 |
|--------|--------------------------------------|---|-------------------------|
| DP | Robert C. Denyse | 9908 S.W. 1st Court | Coral Springs, FL 33071 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

Robert C. Denyse

SIGNATURE:

X Robert C Denyse PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

954-345-2515
Daytime Phone #

CR2E081 (9/99)