

2008 FOR PROFIT CORPORATION REINSTATEMENT

page 1052

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 3:32

STATEMENT 07-08



03242008 REIN-P CR2E098 (1/07)

4. FEI Number 59-2094452 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F31072

1. Entity Name
MARILYN LAZARUS INTERIOR DESIGN, INC.



Principal Place of Business
210 SUNSET ROAD
MIAMI, FL 33156
WEST PALM BEACH, FLA 33401

Mailing Address
210 SUNSET ROAD
MIAMI, FL 33156
WPB, FLA 33401

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
W.P. Beach FLA
City & State
FLORIDA
Zip
33401

3. Mailing Address
210 Sunser Rd.
Suite, Apt. #, etc.
N/A
City & State
Zip
Country

6. Name and Address of Current Registered Agent
LEHRMAN, JEFFREY E
2222 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *[Signature]* N/A. DATE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAZARUS, MARILYN 210 SUNSET ROAD MIAMI, FL 33156 West Palm Beach, FLA 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900121947689 04/02/08--01034--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900121947689 04/02/08--01034--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn Lazarus* April 1-08 561-8356623

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 2/2

Attention Reinstatement
Section:

Form never sent

I Am Sending
IN \$150.00 for
2007
\$150.00 for
2008

THANK YOU
Wardyn Barnes