

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081017

1. Corporation Name

EMERALD HILLS DECORATORS, INC.

Principal Place of Business

3894 MEADOW LN  
HOLLYWOOD FL 33021

Mailing Address

3894 MEADOW LN  
HOLLYWOOD FL 33021



500009201115  
11/25/02--01052--007 \*\*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

2141 STIRLING ROAD

Suite, Apt. #, etc.

City & State  
DANIA FL

Zip 33312

Country USA

3. New Mailing Office Address, If Applicable

2141 STIRLING ROAD

Suite, Apt. #, etc.

City & State  
DANIA FL

Zip 33312

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/2000

5. FEI Number

65-1047154

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ANTEBI, MORDECHAI	3894 MEADOW LANE	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

ANTEBI, MORDECHAI  
3894 MEADOW LANE  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

## MOYAL ACCOUNTING SERVICES

208 N. University Drive  
Pembroke Pines, FL 33024  
(954) 430-3930 ph  
(954) 430-3939 fax

November 20, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re: Annual Report for Emerald Hills Decorators, Inc.**  
**Document# P00000081017**

Dear Sir or Madam:

Enclosed please find a check for the annual fee of Emerald Hills Decorator for 2002. Mr. Mordechai is requesting your help in waiving the fees and penalties due to the fact he never received the Uniform Business Report because he moved to another location. Attached is the copy of the proof that the original UBR was sent back to you.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,

Moyal Accounting Services