

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 -2 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 416831

1. Corporation Name

CINDI MUFSON DESIGN, INC.

2. Principal Office Address

101 BRADLEY PLACE, SUITE 202

Suite, Apt. #, etc.

City & State

PALM BEACH, FLORIDA.

Zip

33480

Country

USA

3. Mailing Office Address

PO BOX 64

Suite, Apt. #, etc.

City & State

PALM BEACH, FLORIDA

Zip

33480

Country

USA

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

01/16/1973

5. FEI Number

59-1463268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

SP

7. Name and Address of Current Registered Agent

Name

FREDI- CYNTHIA MUFSON

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

230 ONONDAGA AVENUE

Suite, Apt. #, Etc.

City

PALM BEACH,

State

FL

Zip Code

33480.

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

Fred. Cynthia Mufson

REGISTERED AGENT MUST SIGN

Date

1/26/2000.

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
PST	FREDI-CYNTHIA MUFSON	230 ONONDAGA AVENUE	PALM BEACH, FLA. 33480

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.

SIGNATURE:

Fred. Cynthia Mufson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDI- CYNTHIA MUFSON

Date

1/26/2000

Daytime Phone #

561-835-4250.