

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 29 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

509596

1 Corporation Name

Li-San Interiors, Inc.

Principal Place of Business

12890 SW 188 ST
MIAMI, FL 33177

Mailing Address

12890 SW 188 ST
MIAMI, FL 33177

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

07/26/76

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

59-1687561

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

P.S.
VP, Treas

LUDIVINA Sanguily

12890 SW 188 STREET
MIAMI, FL 33177

MIAMI, FL 33177

600003006556--3
-10/05/99--01115--010
****900.00 ****900.00

8 Name and Address of Current Registered Agent

VALDES, ERNESTO A.
4697 WEST FLAGLER ST.
MIAMI, FL 33126

9 Name and Address of New Registered Agent

Name

CALIXTO Gonzalez

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

10300 SW 72 STREET

Suite, Apt. #, Etc.

SUITE 410

City

MIAMI

State

FL

Zip Code

33173

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.

Signature of
Registered Agent

X R E

REGISTERED AGENT MUST SIGN

Date

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12 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

8/16/99

Date

Daytime Phone #