

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 23 PM 3:07

DOCUMENT # F87369

1. Corporation Name

OMNI INTERIORS BY MICHAEL & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~618 U.S. HIGHWAY ONE, STE. 101~~
~~NORTH PALM BEACH FL 33408~~

~~618 U.S. HIGHWAY ONE, STE. 101~~
~~NORTH PALM BEACH FL 33408~~

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

2. New Principal Office Address, If Applicable

5656 CORPORATE WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5656 CORPORATE WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1982

5. FEI Number

59-2196914

App. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PARENTI, MICHAEL J	210 PONCE DE LEON ST. 1200 Marine Way	ROYAL PALM BCH. FL 33410 North Palm Beach, FL 33408
T	PARENTI, MARK J	6100-202 FOREST HILL BLVD.	WEST PALM BEACH FL 33415

8. Name and Address of Current Registered Agent

PARENTI, MICHAEL J

~~210 PONCE DE LEON ST.~~

~~ROYAL PALM BCH. FL 33410~~

9. Name and Address of New Registered Agent

Name

Michael J. Parenti

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

1200 Marine Way

Suite, Apt. #, Etc.

B-907

City

North Palm Beach

State

FL

Zip Code

33408

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

Michael J. Parenti
REGISTERED AGENT MUST SIGN

Date 10/12/2001

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:

Michael J. Parenti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 (561) 687-3550

CR2E040 (8/01)