

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F930000002575**

1. Corporation Name

Fierce Release Designs Corp

2. Principal Office Address

1004 N. 31ST

Suite, Apt. #, etc.

3. Mailing Office Address:

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Florida

Zip

33021

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650398267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Charles Williams

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

99 N.E. 17 CT

Suite, Apt. #, Etc.

FT Lauderdale, FL 33305

City

State

FL

Zip Code

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

Charles Williams

REGISTERED AGENT MUST SIGN

Date

April 25 2001

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

President BARBARA Listenik 1004 N. 31ST

Hollywood FL 33021

200004274792-1

05/21/01-01180-012

******300.00 ****300.00**

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara Listenik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001

Date

1800 4 FIERCE

Daytime Phone #

CR2E081 (9/00)