

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JUL 23 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H08742

1. Corporation Name

EMBROIDERIES UNLIMITED, INC.

2. Principal Office Address

13061 Northwest 43rd Avenue

3. Mailing Office Address

13061 Northwest 43rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Opa Locka, Florida

City & State

Opa Locka, Florida

Zip

33054

Country

Zip

33054

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1984

5. FEI Number

59-2430744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-02

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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

SPIEGEL & UTRERA, P.A.

By: *Natalia Utrera*

Natalia Utrera, Vice President

Date

7/19/02

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
PSD	Abramson, Selma	8501 Northwest 23 Street	Pembroke Pines, FL 33024
VD	Abramson, Arthur	8501 Northwest 23 Street	Pembroke Pines, FL 33024

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:

Selma Abramson

Selma Abramson, President

7-19-02

Date

305-681-1000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

7/24/02