

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

James Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # J05417

1. Corporation Name

JOHN BERENSON INTERIOR DESIGN, INC.

Principal Place of Business

180 N.E. 39TH STREET
#220
MIAMI FL 33137
US

Mailing Address

180 NE 39 STR
STE 220
MIAMI FL 33137
US

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

2. New Principal Office Address, If Applicable

139 NE 40th STREET

Suite, Apt. #, etc.
2nd Floor

City & State
Miami, FL

Zip 33137 Country USA

3. New Mailing Office Address, If Applicable

139 NE 40th STREET

Suite, Apt. #, etc.
2nd Floor

City & State
Miami, FL

Zip 33137 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1986

5. FEI Number

59-2696240

Applied 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
DP	BERENSON, JOHN	600 N.E. 36TH ST., SUITE #605	MIAMI FL

000008727050
10/31/02 01047 026 **150.00

8. Name and Address of Current Registered Agent

BERENSON, JOHN
600 N.E. 36TH ST. #605
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SUBSTITUTE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/25/02

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:

SUBSTITUTE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

305-576-6049

Date

Daytime Phone #