

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 OCT 28 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K22137

1. Corporation Name

CUSTOM INTERIORS, INC.

Principal Place of Business

16100 NE 16TH AVENUE  
SUITE B  
N MIAMI BEACH FL 33162

Mailing Address

16100 NE 16TH AVENUE  
SUITE B  
N MIAMI BEACH FL 33162

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/22/1988

5. FEI Number

65-0047193

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	LIEBERMAN, JEROME	19667 N.E. 36TH CT.	N MIAMI BEACH FL 33180
D	LIEBERMAN, JEROME	19667 N.E. 36TH CT.	N MIAMI BEACH FL 33180

000008624900  
10/28/02--01080--003 \*\*150.00

*Brul*

8. Name and Address of Current Registered Agent

LIEBERMAN, JEROME  
19955 N.E. 38TH COURT, SUITE 1403  
AVENTURA FL 33180

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

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

*Jerome Lieberman*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

*Jerome Lieberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 3059350748  
Date Daytime Phone #

CR2040 (8/02)

CUSTOM INTERIORS, INC.  
19955 NE 38<sup>th</sup> Court, Suite 1403  
Aventura, FL 33180

Jerome Lieberman, President

October 22, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Custom Interiors, Inc.  
Document number K22137

Gentlemen:

We have just received your Notice of Administrative Dissolution or Revocation of Custom Interiors, Inc. Except for this notice, we have not received any other notices or the Annual Report, which normally arrives during the early part of the year. We are unaware of how the mailing address was changed.

We are enclosing the annual fee of \$150, in the hope that your good office would reinstate the corporation without the penalty, since we never received the original annual report.

Very truly yours,



Jerome Lieberman

Enclosure