

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 SEP -5 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 47838**

1. Corporation Name

**BARBARA BELTRAN INTERIOR DESIGNS
INC**

2. Principal Office Address

7325 N. AUGUSTA DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

7325 N AUGUSTA DR.

City & State

City & State

MIAMI FL.

Zip

33015

Country

Zip

33015

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/22/88

5. FEI Number

65-0086170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

BARBARA BELTRAN

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

7325 N. AUGUSTA DR

Suite, Apt. #, Etc.

MIAMI FL

City

700003417807-2

-10/06/00--01134--006

******308.75 ****308.75**

State

FL

Zip Code

33015

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

Barbara Beltran
REGISTERED AGENT MUST SIGN

Date

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
DPS	BARBARA BELTRAN	7325 N. AUGUSTA DR.	MIAMI FL 33015
T	BARBARA BELTRAN	7325 N. AUGUSTA DR.	MIAMI, FL 33015

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:

Barbara Beltran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/00
Date

305 829 3645
Daytime Phone #