

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV - 1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61502**

1. Corporation Name

COSMOPOLITAN DESIGN CORP.

Principal Place of Business

Mailing Address

100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131
US

100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1989

5. FEI Number

65-0208315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPV	AGOSTINI, PIERRE J.	3526 N MIAMI AVE.	MIAMI FL
ST	AGOSTINI, PIERRE J.	3526 N MIAMI AVE.	MIAMI FL
			300002000933-5
			-11/08/96--01106--002
			***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARNER, JONATHAN H
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131

Name

KUBIT, DONALD E.

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

Fowler, White, Burnett, Hurley, Benick & Strickroot, P.A.

Suite, Apt. #, Etc.

100 S.E. 2nd Street, 17th Floor

City

State

Zip Code

Miami

FL

33131

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96

(305) 634-0877