

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 19 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # L99000004584

1. Corporation Name

ITALIAN DESIGN-FUR L.C.

10/4/02

MR

2. Principal Office Address

Suite, Apt. #, etc.

1907 NE 154th ST.

City & State

North Miami Beach,

Zip

33160

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

1907 NE 154th ST.

City & State

North Miami Beach

Zip

33160

Country

US

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

5. FEI Number

65-0935122

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

GUSTAVO M. LUPKA

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

Suite, Apt. #, Etc.

1907 NE 154th ST.

City

North Miami Beach

State
FL

Zip Code

33160

200029304422
02/24/04--01036--014 **250.00

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

REGISTERED AGENT MUST SIGN

Date 02-17-2004

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
MGR	HORACIO ALBERTO FOTI	1907 NE 154th ST.	North Miami Beach, FL 33160
MGR	GUSTAVO M. LUPKA	1907 NE 154th ST.	North Miami Beach, FL 33160

REINSTATEMENT 2002-2004

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:

GUSTAVO M. LUPKA, MGR

02-17-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9/01)