

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **M35077**

1. Corporation Name

PARIS DESIGNS, INC.

FILED

97 JUN 12 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~8016 NW 64TH ST.~~
MIAMI FL 33166

~~8016 NW 64TH ST.~~
MIAMI FL 33166



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

2. New Principal Office Address, If Applicable
7875 NW 64th Street

3. New Mailing Office Address, If Applicable
7875 NW 64th Street

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2692647

Applied For

Not Applicable

City & State
Miami, FL

City & State
Miami, FL

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	COHEN, PAUL	3600 MYSTIC POINTE DR.	N. MIAMI BEACH FL
P	COHEN, PAUL	8777 Collins Ave PH #9	SURFSIDE, FL 33154
			200002213542--8 -06/16/97-01155-019
			*****8.75 *****8.75 200002213542--8 -06/16/97-01155-020
			*****15.00 *****15.00 JBU-13-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COHEN, PAUL

~~3600 MYSTIC POINTE DR. #300~~

~~N. MIAMI BEACH FL 33166~~

Name

COHEN, PAUL

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

8777 Collins Avenue

Suite, Apt. #, Etc.

P.H. #9

City

SURFSIDE

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date **09-23-96**

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: **PAUL COHEN/President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/23/96 305-5938499

Date

Daytime Phone #

CPRE040 (7/96)