

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State  
DIVISION OF CORPORATIONS

1188366

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 APR 22 AM 9:20

DOCUMENT #

1. Corporation Name

PUBLICATION DESIGN SYSTEMS, INC.

Principal Place of Business

Mailing Address

4141 NORTHEAST SECOND AVENUE  
SUITE 106A  
MIAMI, FL 33137

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

000002496210--2

-04/22/98--01015--008

\*\*\*1711.25 \*\*\*1711.25

6/27/88

5. FEI Number

65-0073289

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)

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
PRES	MARJORIE L. MILBERG	4141 NORTHEAST 2ND AVE SUITE 106A	MIAMI, FL 33137
SEC	MICHAEL MILBERG	4141 N.E. 2ND AVE SUITE 106A	MIAMI, FL 33137

REINSTATEMENT 9/1-98  
CC

8. Name and Address of Current Registered Agent

MICHAEL MILBERG  
4141 N.E. 2ND AVE.  
SUITE 106A  
MIAMI, FL 33137

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4/14/98

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]* MICHAEL MILBERG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98  
Date

305-576-0082  
Daytime Phone #