

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003753

1. Corporation Name

ALVARINA INTERIORS, INC.

Principal Place of Business

4609 SW 75 AVENUE
MIAMI FL 33155

Mailing Address

4609 SW 75 AVENUE
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/2000

5. FEI Number

APPLIED FOR

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

2

3

4

D

SUAREZ, ALVARINA

4609 SW 75 AVENUE

MIAMI FL 33155

D

AREA, ALVARINA

4609 SW 75 AVENUE

MIAMI FL 33155

800012974828
02/21/03--0112--028 **300.00

8. Name and Address of Current Registered Agent

SUAREZ, ALVARINA
4609 SW 75 AVENUE
MIAMI-FL 33155

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/30/03

11. 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

Date

Daytime Phone #

1/30/03

CR2E040 (8/02)

Alvarina Interior Inc.



A DRAPERY AND WINDOW FASHION WORKROOM

4609 SW 75TH AVE. MIAMI, FL 33155
(305) 264-8433

1/31/03

Re: P00000003753
\$ 300.00

I have received this notice from you and I didn't know I had to file any report. I have been looking to find the date on this document but I don't see one. I have not received any kind of mail from you other than I recall earlier in the year I was asked to register my federal tax # and found that inside my corporate book. I have since receiving this notice found out you have a web page through your representative but I prefer to have you notify me. Please advise me if I have to do this on my own or if something I can wait for you to tell me or bill me once a year.

Sincerely,
Alvarina Inc.