

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 4:00

DOCUMENT # P00000006467

1. Corporation Name

AVENTURA DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

18839 BISCAYNE BLVD.
AVENTURA FL 33180

18839 BISCAYNE BLVD.
AVENTURA FL 33180



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

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D | COHEN, ALAN | 3255 N.E. 184TH STREET | AVENTURA FL 33180 |
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****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILICH, LEE

100 W. CYPRESS CREEK ROAD, #935

FORT LAUDERDALE FL 33309

Name

ALAN D. COHEN

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

18480 NE 30 PLACE

Suite, Apt. #, Etc.

AVENTURA,

City

AVENTURA

State

FL

Zip Code

33160

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

Alan D. Cohen

REGISTERED AGENT MUST SIGN

Date

12/31/01

AD

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN D. COHEN

12/31/01

Date

Daytime Phone #

(305) 466-1440