

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name

DESIGNQUEST INTL. MIAMI, INC.

P00000036017

2. Principal Office Address

411 N.E. 52 TERR.

3. Mailing Office Address

411 N.E. 52 TERR.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-07-2000

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Holly Brennan

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

411 NE 52 TERRACE

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33137

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

03.03.03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSV	Holly Brennan	411 NE 52 TERR.	MIAMI, FL 33137

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)(b), 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

Holly Brennan

03.03.03 305-757-1178

Date

Daytime Phone #

CR2001 (0002)