

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 JAN 27 PM 2:08

DOCUMENT # P00000102620

1. Corporation Name

KRIVAK DESIGNS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

443 NORTHEAST 75TH STREET
MIAMI FL 33138

Mailing Address

443 NORTHEAST 75TH STREET
MIAMI FL 33138



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

11/01/2000

5. FEI Number

65-1069394

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KRIVAK, BRIAN E	443 NORTHEAST 75TH STREET	MIAMI FL 33138
			800009690168 12/28/02--01036--006 \$150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name **BRIAN KRIVAK**
Street Address (O. B. Number, Not Applicable)
443 N.E. 75TH STREET
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33138**

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

12/15/02

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 #

973-837-1007

CR2E040 (8/02)

KRIVAK DESIGNS, INC
443 N. E. 75th Street
Miami, Florida 33138

December 17, 2002

Division Of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

RE: Doc. P00000102620

Gentlemen:

~~Enclosed please find my Application for Reinstatement of my Corporation.~~

I am sorry for filing late as I never received the original set of tax forms to be filed. I always file my Federal & Florida tax forms on time.

Apparently the original forms must have been sent to the Corporation Service Company in Tallahassee, Florida. I don't know who they are.

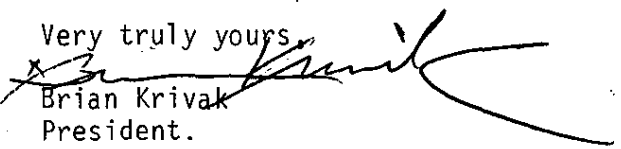
According to the information received from your office, I have changed the registered agent and am having all mail forwarded to my accountant. In this way I will be assured of receiving forms either at my Florida address or at his New Jersey address.

I would appreciate it very much if you would waive the penalty this time, and be assured that this late filing will never occur again.

I am enclosing my check for \$150.00 along with the signed Application for Reinstatement.

Thank you very much for any consideration you can give me.

Very truly yours,


Brian Krivak
President.

Enc: -----