

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000103233

1. Corporation Name

INTERLOCKING DESIGN CENTER, INC.

Principal Place of Business

Mailing Address

~~1051 PLOVER AVENUE~~
~~MIAMI SPRINGS FL 33166~~

~~1051 PLOVER AVENUE~~
~~MIAMI SPRINGS FL 33166~~

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

2. New Principal Office Address, if Applicable

~~2101 NW 68 AVE~~

Suite, Apt. #, etc.

City & State
~~MIAMI, FL~~

Zip
~~33122~~

Country

3. New Mailing Office Address, if Applicable

~~2101 NW 68 AVE~~

Suite, Apt. #, etc.

City & State
~~MIAMI, FL~~

Zip
~~33122~~

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2000

5. FEI Number

65-1053972

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 3	City / State / Zip 4
D	DIAZ, HARVEY	1051 PLOVER AVENUE 2101 NW 68 AVE	MIAMI SPRINGS FL 33166 MIAMI FL 33122

300008614083
10/28/02 01059-017 **750.00

8. Name and Address of Current Registered Agent

DIAZ, HARVEY
~~1051 PLOVER AVENUE~~
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

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

~~2101 NW 68 AVE~~

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code

33122

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

10/23/02

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

10/23/02

305-558-2610

Date

Daytime Phone #

CR2E040 (8/02)