

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000103900

Entity Name: MIAMI FOAM DESIGN, INC.

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

4375 NW 128 STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

4375 NW 128 STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-1055715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOUZA, ANGELA M PD
4375 NW 128 STREET
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELA M SOUZA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOUZA, ANGELA M
Address: 1915 NE 204 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: SOUZA, RONI D
Address: 1915 NE 204 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: TREA () Delete
Name: SOUZA, ELISA M
Address: 4375 NW 128TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: SPR () Delete
Name: SOUZA, ANDRE M
Address: 4375 NW 128TH STREET
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M SOUZA

PD

11/09/2009

Electronic Signature of Signing Officer or Director

Date