

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116949

1. Corporation Name

POETIC FORM, INC.

Principal Place of Business

Mailing Address

~~1111 BRICKELL BAY DRIVE~~  
~~UNIT 1112~~  
~~MIAMI FL 33131~~  
US

~~1111 BRICKELL BAY DRIVE~~  
~~UNIT 1112~~  
~~MIAMI FL 33131~~  
US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

626 CORAL WAY

Suite, Apt. #, etc.

# 1403

City & State  
CORAL GABLES FL

Zip

33134-7509

Country

USA

3. New Mailing Office Address, If Applicable

626 CORAL WAY

Suite, Apt. #, etc.

# 1403

City & State  
CORAL GABLES FL

Zip

33134-7509

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/2000

5. FEI Number

65-1065753

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	JOHNSON, LISELOTT	<del>1111 BRICKELL BAY DR UNIT 1112</del> 626 CORAL WAY # 1403	MIAMI FL 33131 CORAL GABLES FL 33134
D	ARMENTEROS, JORGE	<del>1111 BRICKELL BAY DR UNIT 1112</del> 626 CORAL WAY # 1403	MIAMI FL 33131 CORAL GABLES FL 33134

000023752440  
10/13/03--01074--015 \*\*158.75

8. Name and Address of Current Registered Agent

JOHNSON, LISELOTT  
1111 BRICKELL BAY DRIVE  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

626 CORAL WAY

Suite, Apt. #, Etc.

# 1403

City

CORAL GABLES

State

FL

Zip Code

33134

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

*Liselott Johnson*  
REGISTERED AGENT MUST SIGN

Date 10/10/2003

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:

*Liselott Johnson*  
LISELOTT JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003

Date

305-803-8433

Daytime Phone #

CR2E040 (7/03)

# Poetic Form, Inc.

October 10, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We kindly request that the reinstatement fee be waived since our corporation did not receive the two prior uniform business report (UBR) notices. Our address was changed last year and this may have caused a problem in the delivery of the notices.

Attached please find the completed application for reinstatement and the appropriate URB filing fee without penalty (\$150).

We thank you very much for your attention to this matter.

Sincerely,



Liselott Johnsson  
Director, Poetic Form, Inc.  
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