

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 DEC -4 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021666

1. Corporation Name

MARVELOUS DECORATING PROFESSIONALS, INC.

Principal Place of Business

18130 NORTHWEST 19TH AVENUE
MIAMI, FL 33054

Mailing Address

18130 NORTHWEST 19TH AVENUE
MIAMI, FL 33054

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

2. New Principal Office Address, If Applicable

6024 NW 7th Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6024 NW 7th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33127

Country

USA

Zip

33127

Country

USA

REINSTATEMENT



600025224436

12/04/03--01018--009 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/2001

5. FEI Number

58-2607243

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	FREDERICK, MARIE	18130 NORTHWEST 19TH AVENUE	MIAMI FL 33056
D	IVERY, PAMELA	20382 N W 36TH AVENUE	MIAMI FL 33056
D	ROLLE, DENISE	8230 N W 12TH COURT	MIAMI FL 33147

8. Name and Address of Current Registered Agent

FREDERICK, MARIE
18130 NORTHWEST 19TH AVENUE
MIAMI FL 33054

9. Name and Address of New Registered Agent

Name

DE

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

DE

Suite, Apt. #, Etc.

City

DE

State

FL

Zip Code

DE

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 11-23-03

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

11-23-03

Date

Daytime Phone #

CR2E040 (7/03)