

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 23 PM 12:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100009676601

12/24/02--01060--007 **150.00

DOCUMENT # P01000050205

1. Corporation Name

ABRUZZO DESIGNS, INC.

Principal Place of Business

6116 VIA LAGUNA LANE
BOCA RATON FL 33433

Mailing Address

6116 VIA LAGUNA LANE
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

65-1122725

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
P	LORRAINE ABRUZZO	6116 VIA LAGUNA LN.	BOCA RATON, FL 33433

8. Name and Address of Current Registered Agent

ABRUZZO, LORRAINE
6116 VIA LAGUNA LANE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 12/19/02

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.

(561-414-9039)

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/19/02



Abruzzo Designs, Inc.

12/20/02

To Whom This MAY CONCERN:

PLEASE WAIVE ANY PENALTY FEES INVOLVED AS I
HAVE NEVER RECEIVED ANY OTHER DOCUMENTS
THAN THE ONE ENCLOSED IN THIS ENVELOPE.

I APOLOGIZE FOR ANY INCONVENIENCE.

I AM ENCLOSED MY \$150.00 CHECK MADE
PAYABLE TO THE DEPARTMENT OF STATE
FOR REINSTATEMENT.

Thank you

Louanne Abruzzo

"For all your interior needs"