

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000101154

1. Entity Name  
ULTIMATE TRIM & TEXTILES, INC.



FILED

08 MAY -2 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/26/08 01037 001 \$138.25



REINSTATEMENT 07-08

Principal Place of Business  
5590 NW 163RD STREET  
MIAMI, FL 33014

Mailing Address  
5590 NW 163RD STREET  
MIAMI, FL 33014

2. Principal Place of Business - No P.O. Box #  
1996 NE 201 St  
Suite, Apt. #, etc.

3. Mailing Address  
1996 NE 201 St  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip  
33179  
Country  
USA

City & State  
Miami, FL  
Zip  
33179  
Country  
USA

4. FEI Number  
65-1149760

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, MICHAEL A ESQ  
420 SOUTH DIXIE HWY., SUITE #4B  
CORAL GABLES, FL 33146

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/08

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
NOVICK, LORI L  
5590 N.W. 163RD ST.  
HIALEAH, FL 33014

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
Novick Lori L (address)  
1996 NE 201 St Miami, FL 33179

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI L. NOVICK

Date

Daytime Phone #

(305) 345-6121

25/7