

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 30, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P02000030112

1. Corporation Name

Miami Design Success Inc

REINSTATEMENT 05-06

2. Principal Office Address

175-193 NE 36 Street

Suite, Apt. #, etc.

3. Mailing Office Address

175-193 NE 36 Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** **03/19/2002**

5. FEI Number

010657196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

John O'Brien

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

175-193 NE 36 Street

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

REGISTERED AGENT MUST SIGN

Date **01/16/2006**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	John O'Brien	175-193 NE 36 Street	Miami Beach, FL 33137
D	Jessica O'Brien	175-193 NE 36 Street	Miami Beach, FL 33137

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

01/16/2006

Date

Daytime Phone #

292 ✓

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com

January 17, 2006

Department Of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Re: Miami Design Success Inc
Doc#- P0200030112


To Whom It May Concern:

This Letter is to abate all penalties to the above mentioned tax payer. Please be aware that this tax payer never received the Annual Report for Miami Design Success, Inc., in order to reinstate the Corporation.

Attached is a check for \$~~150~~³⁰⁰.00 for above Corporation.

Please note that the above taxpayer is our client and if you have any question please feel free to contact us.

Sincerely,


George L. Brito
Accountant