

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD200040358

1. Corporation Name

NOMDEL CUSTOM FURNITURES
AND DRAPERIES, INC.

2. Principal Office Address

5401 NW 102 AVE.

Suite, Apt. #, etc.

142

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

SUNRISE FLA.

City & State

Zip

33351

Country

USA

Zip

Country

REINSTATEMENT

03-04

8/14/03 9070 003 *550.00

4. Date Incorporated or Qualified
To Do Business in Florida

A-15-2002

5. FEI Number

27-0013234

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

NOMERIANO GONZALEZ

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

6531 NW 46 ST.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33319

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

REGISTERED AGENT MUST SIGN

Date

4-29-04

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
PRES.	NOMERIANO GONZALEZ	6531 NW 46 ST	LAUDERHILL FL 33319
VICE PRES.	MARIA DELIA GONZALEZ	Same	Same

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 under section 119.07(3)(f), 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:

NOMERIANO GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-04

Daytime Phone #

954 578 2949

CR2E001 (07/04)