

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 OCT 17 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000096391

1. Corporation Name

KOMODO DESIGN, INC.

Principal Place of Business

Mailing Address

5792 BIRD RD  
S. MIAMI FL 33155  
US

3411 TOLEDO PLAZA  
CORAL GABLES FL 33134



REINSTATEMENT

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

09/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

23-08-54514830-6

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SCHMIDT, ANN	6974 SW 64 ST.	MIAMI FL 33143
VP	SCHMIDT, ROBERT	10140 SW 100 AVE	MIAMI FL 33176
ST	SCHMIDT, GRETCHEN	3411 TOLEDO PLAZA	CORAL GABLES FL 33134
VPO	EPPS, ALICIA	5792 SW 40 ST.	S. MIAMI FL 33155

400023914944  
10/17/03--01089--015 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHMIDT, GRETCHEN  
3411 TOLEDO PLAZA  
CORAL GABLES FL 33134

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 OF REGISTERED AGENT

Date

10/13/03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

305-828-0731

CR2E040 (7/03)

Komodo Design, Inc.  
3411 Toledo Plaza  
Coral Gables, FL 33134

13 October 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations

Re: Document # P02000096391

To whom it may concern:

I am writing regarding a notice of administrative dissolution or revocation our company received.

Please be advised that we did not receive the two prior uniform business report notices. We are requesting that the reinstatement fee be waived. I am enclosing the \$150 fee required.

Thank you for your help in this matter. I can be reached at (305) 828-0123 ext 111 if necessary.

Kind regards



Gretchen Schmidt