

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000107491

1. Corporation Name

LIZ DUPLAA DESIGN CORP

2. Principal Office Address - No P.O. Box #
3015 N OCEAN BLVD

Suite, Apt. #, etc.
104

City & State
FT LAUDERDALE, FL

Zip
33308

Country

3. Mailing Office Address
3015 N OCEAN BLVD

Suite, Apt. #, etc.
104

City & State
FT LAUDERDALE, FL

Zip
33308

Country

7. Name and Address of Current Registered Agent

Name
ELIZABETH D SOARES

Street Address (P.O. Box Number is Not Acceptable)
1460 NW 127 WAY

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State
FL

Zip Code
33071

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-0281790

Applied For

Not Applicable

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

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **9 / 05 / 2007**

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 |
|--------|--------------------------------------|---|-------------------------|
| PD | ELIZABETH D SOARES | 1470 NW 127 WAY | CORAL SPRINGS, FL 33071 |
| VPD | EMANUEL D SOARES | 1470 NW 127 WAY | CORAL SPRINGS, FL 33071 |
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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

Date

Daytime Phone #

9 / 05 / 2007 954 7095265

FILED
07 SEP 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)