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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000133950

1. Corporation Name

D'MOSCARELLA DESING, INC.

2. Principal Office Address - No P.O. Box #
12238 NW 106 CT3. Mailing Office Address
12238 NW 106 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip
33178Country
USAZip
33178Country
USA4. Date Incorporated or Qualified
To Do Business In Florida

09/24/2004

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED


☐ I would like to receive a
☐ Certificate of Status

7. Name and Address of Current Registered Agent

Name
SIMÓN MOLINARESStreet Address (P.O. Box Number Is Not Acceptable)
12238 NW 106 CT

Suite, Apt. #, Etc.

City
MIAMIState
FLZip Code
33178
☒ 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 10/07/2007

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
P	SIMÓN MOLINARES	12238 NW 106 CT	MIAMI FL 33178

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:

SIMÓN MOLINARES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2007

Date

(305) 551-9902

Daytime Phone #

 FILED
 07 OCT 10 AM 8:46
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)