

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR 17 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000043448**

1. Corporation Name

Concept Design Studio 01, Inc

2. Principal Office Address - No P.O. Box #

15385 SW 76 Ter

3. Mailing Office Address

15385 SW 76 Ter

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33193

Country

USA

Zip

33193

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/22/2005

5. FEI Number
753186975

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

Harold R. Girado

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

15385 SW 76 Ter

Suite, Apt. #, Etc.

107

City

Miami, Fl.

State

FL

Zip Code

33193

☒ 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 **4/15/09**

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	Alex R. Girado	15385 SW 76 Ter	Miami, Fl. 33193
V	Harold R. Girado	15385 SW 76 Ter	Miami, Fl. 33193
S	Nidia Rodriguez	6457 SW 10Ter	Miami, Fl. 33144

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

4/15/09 305-545-5588

Date

Daytime Phone #

4/20/09