

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 20 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P050000 06917

**1. Corporation Name**

DESIGNS BY LYN DORF, Inc

**REINSTATEMENT** 06-08

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

290 NW 165 ST

Suite, Apt. #, etc.

M/100

City & State

MIAMI, FLORIDA

Zip

33319

Country

DADE

**3. Mailing Office Address**

PO BOX 1180 HALLANDALE, FL

Suite, Apt. #, etc.

OR 3087 NE 183 LANE

City & State

AVONDALE, FL

Zip

33160

Country

DADE

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

5/2005

**5. FEI Number**

43-2081535

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

BARRY POTTER

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

3087 NE 183 LANE

Suite, Apt. #, Etc.

City

AVONDALE

State

FL

Zip Code

33160



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

Barry Potter

REGISTERED AGENT MUST SIGN

Date

3/14/08

**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
President	Barry Potter	3087 NE 183 LN	AVONDALE, FL 33160
V.P.	ROBERTA POTTER	3087 NE 183 LN	AVONDALE, FL 33160

300120855903  
03/20/08--01047--018 \*\*450.00

**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:

Barry Potter BARRY POTTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2008

Date

305-785-8867

Daytime Phone #