

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 21 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900156279969

05/21/09--01032--010 \*\*1350.00

REINSTATEMENT 05/25/09 (12/08)

D6-09

4. Date Incorporated or Qualified  
To Do Business in Florida 5/18/2009

5. FEI Number ☐ 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.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000114685

1. Corporation Name

Frederic Marq Design, Inc

2. Principal Office Address - No P.O. Box #  
1194 Venetian Way

3. Mailing Office Address  
1194 Venetian Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33139 USA

Zip Country  
33139 USA

7. Name and Address of Current Registered Agent

Name  
Frederic Marq

Street Address (P.O. Box Number is Not Acceptable)  
1194 Venetian Way

Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33139

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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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
PVTS	Frederic Marq	1194 Venetian Way	Miami, FL 33139

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: Frederic Marq  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/09  
Date

305 725-4615  
Daytime Phone #