

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000159192

1. Entity Name  
NGUYEN'S INTERIOR DESIGN CORPORATION



FILED

07 JAN 22 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10292 SW 126 STREET  
MIAMI, FL 33176

Mailing Address  
10292 SW 126 STREET  
MIAMI, FL 33176

2. Principal Place of Business  
9219 SW 123 AVE. CT.  
Suite, Apt. #, etc.

3. Mailing Address  
9219 SW 123 AVE. CT.  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33186-7188

Country  
MIAMI-DADE

Zip  
33186-7188

Country  
MIAMI-DADE



REINSTATEMENT 07

4. FEI Number  
20-4903724  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NGUYEN-GARCIA, MIMI  
10292 SW 126 STREET  
MIAMI, FL 33176

7. Name and Address of New Registered Agent  
Name  
DANIEL A. GOLDSTEIN, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
ONE DATRAN CENTER, SUITE 415  
9100 S. DADELAND BLVD  
City  
MIAMI  
FL  
Zip Code  
33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DANIEL A. GOLDSTEIN 01-18-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN-GARCIA, MIMI 10292 SW 126 STREET MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01/30/07--01004--009 \*\*308.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMI NGUYEN-GARCIA 01-18-07 786-348.7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #