

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000035472

1. Entity Name
COMMERCIAL CEILINGS DESIGN, INC.



FILED

07 OCT 24 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1520 N.W. 59TH WAY
HOLLYWOOD, FL 33024

Mailing Address
1520 N.W. 59TH WAY
HOLLYWOOD, FL 33024

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

17290 NE 19TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40 M. ALMAN

City & State

NORTH MIAMI BEACH, FL

Zip

Country

Zip

Country

33162



10/24/07 REIN-P. 06-21098 (1/07) 67

4. FEI Number

84-1705705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALMAN, MARTIN
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33162

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SAVA, GUY
1520 N.W. 59TH WAY
HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition
600111301546
10/24/07--01049--012 **150.00

TITLE
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CITY - ST - ZIP
SD
SAVA, GAIL
1520 N.W. 59TH WAY
HOLLYWOOD, FL 33024 ☐ Delete

TITLE
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☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

10/26

10/24/07

305-944-8353