

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAY 19 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 707000117544

1. Corporation Name

Nir Design Group

WI-21301

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

19195 Mystic pointe Dr

Suite, Apt. #, etc.

Apt #402

City & State

Aventura FL

Zip

33180

Country

Dade

3. Mailing Office Address

19195 Mystic pointe Dr

Suite, Apt. #, etc.

Apt # 402

City & State

Aventura FL

Zip

33180

Country

Dade

800177729818  
04/26/10--01067--011 \*\*450.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-24-01

5. FEI Number

261302975

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

Meital Aharon

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

19195 Mystic pointe Dr

Suite, Apt. #, Etc.

Apt #402

City

Aventura

State

FL

Zip Code

33180

PROFIT CORPORATIONS ONLY

The \$600.00 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 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-21-2010

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
owner	Meital Aharon	19195 mystic pointe Dr.	Aventura FL 33180

**REINSTATEMENT RH**

10. E-mail Address: MA\_1505@hotmail.com and/or nirdesign@hotmail.com

(To be used for future annual report notification)

11. 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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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

4-21-2010 786-2349709

Date

Daytime Phone #