

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 95-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005596

1. Corporation Name

MIAMI DESIGN CENTER, INC.

Principal Place of Business

14340 S.W. 142 AVENUE
MIAMI, FL. 33186

Mailing Address

15720 S.W. 147 AVENUE
MIAMI, FL. 33187.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14340 SW 142 AVENUE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15720 SW 147 AVENUE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

01-24-94

5. FEI Number

650462390

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33187

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	MR. SHIRAZ BISNAUTH	15720 SW. 147 AVENUE	MIAMI, FL. 33187
VICE PRESIDENT	MR. SHIRAZ BISNAUTH	15720 S.W. 147 AVENUE	MIAMI, FL. 33187
SECRETARY	MR. SHIRAZ BISNAUTH	15720 S.W. 147 AVENUE	MIAMI, FL. 33187
TREASURER	MR. SHIRAZ BISNAUTH	15720 S.W. 147 AVENUE	MIAMI, FL. 33187
ASST. SECRETARY	MR. SHIRAZ BISNAUTH	15720 SW 147 AVENUE	MIAMI, FL. 33187
ASST. TREASURER	MR. SHIRAZ BISNAUTH	15720 SW 147 AVENUE	MIAMI, FL. 33187

8. Name and Address of Current Registered Agent

AMERI LAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134

9. Name and Address of New Registered Agent

Name
MR. SHIRAZ BISNAUTH
Street Address (P.O. Box Number is Not Acceptable)
14340 SW 142 AVENUE
Suite, Apt. #, Etc.
City
MIAMI
Date
05/28/97
State
FL
Zip Code
33186

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/28/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97 (305) 256-4585
Date Daytime Phone #

CR2E040 (12/96)