PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 JUL 24 AM 8:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000065117

1. Corporation Name

Borders & Accent, Inc.

Principal Place of Business	Mailing Address
1890 N.E. 144th Street North Miami, Florida 33181	(Same)

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	1890 N.E. 144th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Miami, Florida
Zip / Country	Zip: 33181 / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0518079 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Ignacio A. Paz 2260 Bayview Ln., N. Miami, FL 33181	2260 Bayview Lane	North Miami, FL 33181

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****923.75 ****923.75

REINSTATEMENT 8-6-97 7/24/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Ignacio A. Paz 1890 N.E. 144th Street North Miami, FL 33181	Name: Ignacio A. Paz Street Address (P.O. Box Number is Not Acceptable): 1890 N.E. 144th Street Suite, Apt. #, Etc.: City: North Miami / State: FL / Zip Code: 33181

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date

REGISTERED AGENT MUST SIGN

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: _____ 07/22/97 (305) 947-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #