

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000070708

1. Corporation Name

P & P DESIGN, INC.

Principal Place of Business

Mailing Address

701 E. COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33334

701 E. COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33334

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

09/26/1994

5. FEI Number

65-0522861

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	KOSLAN, STEPHANIE	701 E. COMMERCIAL BLVD., SUITE 200	FORT LAUDERDALE FL 33334

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

STEPHANIE KOSLAN

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

701 EAST COMMERCIAL BLVD #200

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33334

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

Stephanie Koslan
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

X 12-20-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Stephanie Koslan
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12-20-98 (954) 491 1005

Daytime Phone #

APPROVED
AND
FILED

98 DEC 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR2E040 (9/98)