

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sanford B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078725

1. Corporation Name

DESIGN USA, INC.

Principal Place of Business

Mailing Address

4200 Aurora Street, Suite G
Coral Gables, FL 33146

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0535468

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
Pres.	LUIS A. HENRIQUEZ	9849 S.W. 111th Terrace	Miami, Florida 33176
Vice Pres.	LYDIA HENRIQUEZ	9722 S.W. 146th Avenue	Miami, FL 33186

8000002519528--2
-05/12/98--01014--010
****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LUIS A. HENRIQUEZ

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

11541 N.E. 7TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FL.

State
FL

Zip Code
33161

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

REGISTERED AGENT MUST SIGN

Date 4/24/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

Date

(305) 448-0600

Daytime Phone #

2

**DESIGN
AMERICA**

April 27, 1998

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl. 32399

REF: 65-0535468

Dear Sir:

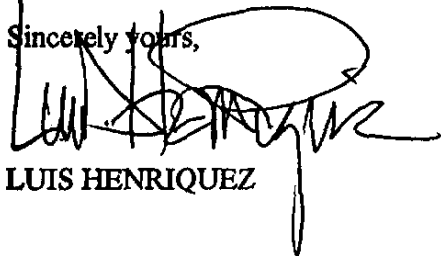
Reference is made to our telephone conversation with an employee of the Department of State.

Per their request, we have enclosed our check number 4804 dated April 24, 1998 for \$515.00. This will cover the reinstatement fee for our corporation to become current.

As we explained to your employee, the reason that the annual report was not submitted, was because it was mailed to the wrong address.

Please accept our thanks for your cooperation in the above matter.

Sincerely yours,



LUIS HENRIQUEZ