

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078725

1. Corporation Name

DESIGN USA, INC.

Principal Place of Business

9722 SW 146 AVE
MIAMI FL 33186

Mailing Address

9722 SW 146 AVE
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1994

5. FEI Number

65-0535468

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 3	City / State / Zip 4
P	HENRIQUEZ, LUIS A	4190 PAMONIA AVENUE	COCUNUT GROVE FL 33133
VP	HENRIQUEZ, LYDIA A	9722 S.W. 146TH AVENUE	MIAMI FL 33186

700023919967
10/17/03--01092--010 **150.00

8. Name and Address of Current Registered Agent

HENRIQUEZ, LUIS A
4190 PAMONIA AVENUE
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 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

Date

Daytime Phone #

CR2E040 (7/03)

OCTOBER 9, 2003

RE: FEI NO. 65-0535468

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

SUBJECT: REINSTATEMENT OF UBR

Please be advised that the former UBR forms that were sent to this office were not received. We are sending the reinstatement fee of \$150.00 to reinstate.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alina Rodriguez', is written over the typed name.

ALINA RODRIGUEZ
ADMINISTRATIVE ASSISTANT
DESIGN AMERICA

Enclosure (1)