

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

98 MAR 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046846

1. Corporation Name

DESJARDINS DESIGN GROUP, INC.

Principal Place of Business

407 LINCOLN ROAD PENTHOUSE NW
MIAMI BEACH FL 33139

Mailing Address

P. O. BOX 547249 N/A
SURFSIDE FL 33154-7249
US



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

06/16/1995

Suite, Apt. #, etc.

10175 Collins Ave. # 704

Suite, Apt. #, etc.

10175 Collins Ave # 704

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33154

Country

U.S.A

Zip

33154

Country

U.S.A

5. FEI Number

65-0600403

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)

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
PD	DESJARDINS, BERNARD E	5700 COLLINS AVE APT 0L	MIAMI BEACH FL 33140
			500002458895-1
			-03/17/98 -01015--003
			****158.75 ****158.75
			REINSTATEMENT 97-98
			A. Alvar
			3/12/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name Henry Blenc, CPA, P.A.
	Street Address (P.O. Box Number is Not Acceptable) 2649 Stirling Road
	Suite, Apt. #, Etc. Suite C-307
	City Fort Lauderdale
	State FL
	Zip Code 33312

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

Henry Blenc

REGISTERED AGENT MUST SIGN

Date

500002458895-1

-03/17/98 -01015--004

****750.00****
(See other side for information on intangible tax.)

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

Yes ☒ No ☐

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03.30.98

Daytime Phone #

305-861-9922

CR2E040 (8/97)