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 # P950000 70995

1. Corporation Name

STANI'S INTERNATIONAL DESIGN, CORP

FILED

97 APR -4 AM IO: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal P	lace of Business	Mailing Addre	ss		1	indiction and the second		
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				•	MOST IS NO. IS A CO. PO	TATEMENT	alafi 7	
	addresses are incorrect in any way, line				KEINO!	Wicheria	yu y	
					Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			01/14/95		
/\dagger 325 &W /OZ &T /\dagger 325 City & State City & State			SW 102 ST		5. FEI Number Applied For			
MIAMI, FLORIDA MIA. Zip Country Zip			MI, FLORIDA		65 - 060 7931 Not Applicable			
Zip Country Zip DADE.		Zin	Zip Country 33186 DADE.		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flori	da nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director Office Post Office Box N		•	City / Sta	ate / Zip	
PVTS	VTS ETANISLAO ONORATO		14325 SW 102 ST		<i>t</i>	MIAMI, FL, 33186		
 								
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						-04/08/91L ****915.00	*****915.00	
						4116	1	
					<u></u>	A HILL		
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
CSC NEIWORKS				Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET				14325 SW 102 ST				
TALLA HASSEE, FL 32 301							Ö	
V			City MIAMI State Zip Code FL 33 186					
10. I, being	appointed the registered agent of the	bove named corpor	ation, am familiar wit	th and accept the ob	ligations of Secti	on 607.0505, F.S.		
Signature of Registered	Agent	REGISTERED AGE	NT MUST SIGN			Date 04-03-	97	
11. Do	pes this corporation pay opt. of Revenue under S	any intangi	ble tax to the	e utes. Yes[☐ No[2	(See other side	for information	
12. I certify this reins owed by	that I am an officer or director or the rec statement application, the reason for die the corporation have been paid and th application is true and accurate, and my	eiver or trustee emp solution has been e e names of individus	powered to execute t liminated, the corpor als listed on this form	this application as pr rate name satisfies to n do not qualify for a	rovided for in cha the requirements an exemption und	pter 607 or 617, F.S. I further of section 607.0401 or 617.041	01, F.S., that all fees	
SIGNAT	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIG		AO ONOR	A70	04-03-97 (30.	5) 278-4110	