

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 # P95000070995

1. Corporation Name

STANI'S INTERNATIONAL DESIGN CORP.

Principal Place of Business

Mailing Address

3100 NW 72 AV. #120
MIAMI, FL. 33122

3100 NW 72 AV. #120
MIAMI, FL. 33122

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

C/O ETANISLAO ONORATO

C/O ETANISLAO ONORATO

Suite, Apt. #, etc.
3100 NW 72 AV. #120

Suite, Apt. #, etc.
3100 NW 72 AV. #120

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33122

Country
DADE

Zip
33122

Country
DADE

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4. Date Incorporated or Qualified
To Do Business in Florida

09/14/95

5. FEI Number

65-0607931

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
PUTS	ETANISLAO ONORATO	3100 N.W. 72 AV. #120	MIAMI, FL. 33122

900002689429-6
-11/17/98--01046-016
****750.00 ****750.00

11/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ETANISLAO ONORATO
3100 N.W. 72 AV. #120
MIAMI, FL. 33122

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/09/98

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

ETANISLAO ONORATO

Date

Daytime Phone #

11/09/98 (305) 831-4444

CR20040 (1/99)