

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



1997 NOV 17 PM 12:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000095319
1. Corporation Name Amarilly's Custom Designs, Inc.

Principal Place of Business 684 W. 27 ST.
 Hialeah, FL. 33010
Mailing Address 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/15/95	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0626873	
Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Pizarro, Hernan	410 W. Park Dr. Ste 205	miami, FL. 33172
STD	Sosa, Benito	2850 E. 5 Ave. Ste 9	Hialeah, FL. 33010

000002352090--1
 -11/19/97--01085--024
 *****165.00 *****165.00

7/10
 11/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Sosa, Benito
 2850 E. Park Avenue Ste 9
 Hialeah, FL. 33010

Name

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

Suite, Apt. #, Etc.

City **State** **Zip Code**
 FL

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 X Benito Sosa [Signature]
 REGISTERED AGENT MUST SIGN

Date 11/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: X Benito Sosa [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/97 (305) 883-7208
 Date Daytime Phone #

CR2E040 (12/96)

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NOVEMBER 12, 1997

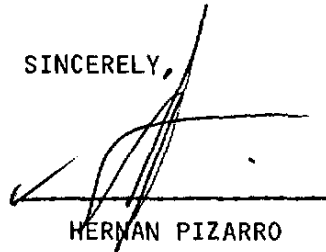
TO: REINSTATEMENT SECTION IN TALLAHASSEE

RE: AMARILLY'S CUSTOM DESIGNS, INC.
P95000095319

TO WHOM IT MAY CONCERN,

THE FOLLOWING LETTER IS TO INFORM YOU THAT DURING THE PERIOD IN WHICH ANNUAL REPORTS ARE TO BE FILED, I, HERNAN PIZARRO, WAS IN NICARAGUA DUE TO A DEATH IN THE FAMILY AND COULD NOT RETURN IN TIME TO SENT IN THE ANNUAL REPORT. I RESPECTFULLY REQUEST THAT MY CHECK FOR \$165.00 BE ADMITTED CONSIDERING THE CIRCUMSTANCES.

SINCERELY,



HERNAN PIZARRO