

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 # P96000004972

1. Corporation Name

MANGROVE DECORATIVE FABRICS, INC.

Principal Place of Business

Mailing Address

1741-N.W.-93rd-Avenue  
Miami, FL-33172

1741-N.W.-93rd-Avenue  
Miami, FL-33172

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

2. New Principal Office Address, If Applicable

1780 N.W. 96 Avenue  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1780 N.W. 96 Avenue  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0671963

Applied For

Not Applicable

City & State

Miami, FL

Zip

33172

Country

USA

City & State

Miami, FL

Zip

33172

Country

USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Carlos E. Velasquez	3500 Monroe Drive	Coconut Grove, FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carlos E. Velasquez  
3500 Monroe Drive  
Coconut Grove, FL 33133

Name

Raymond L. Robinson, Esquire

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

1501 Venera Avenue

Suite, Apt. #, Etc.

Suite 300

City

Coral Gables

State

FL

Zip Code

33146

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 9/30/98

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

Date

9/30/98

Daytime Phone #

305-594-2272

REINSTATEMENT 9-1-98

RECEIVED  
OCT 1 1998  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 OCT -1 AM 9:34

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