

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032775

1. Corporation Name

MESSAGE BY DESIGN, INC.

Principal Place of Business

1630 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

Mailing Address

1630 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

100 COLLINS AVE

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI BEACH

Zip

33139

Country

3. New Mailing Office Address, If Applicable

100 COLLINS AVE

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI BEACH

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1996

SP

5. FEI Number

65-0659597

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FARINAS, NORA B	1630 PENNSYLVANIA AVE	MIAMI BEACH FL
ST	ESNARD, LOURDES	1630 PENNSYLVANIA AVE	MIAMI BEACH FL

000003472600--D
-11/21/00--01057--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FARINAS, NORA B
1630 PENNSYLVANIA AVE
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

100 COLLINS AVE

Suite, Apt. #, Etc.

SUITE 2

City

MIAMI BEACH

State

FL

Zip Code

33139

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-19-00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00 305-532-3112
Date Daytime Phone #