

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 # **P96000087646**

1. Corporation Name

DRAPERY EXPRESS, INC.

Principal Place of Business

~~2545 W. 80TH ST. DAY 1~~
~~HIALEAH FL 33016~~

Mailing Address

~~2545 W. 80TH ST. DAY 1~~
~~HIALEAH FL 33016~~

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

2. New Principal Office Address, If Applicable

2501 W 80 ST

Suite, Apt. #, etc.

Day 6/7

City & State
Hialeah - FL.

Zip
33016

Country

3. New Mailing Office Address, If Applicable

2501 W 80 ST

Suite, Apt. #, etc.

Day 6/7

City & State
Hialeah - FL.

Zip
33016

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1996

5. FEI Number

65-07022-34

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
DPS	ALEMAN, ANTONIO	7390 W. 18TH AVE.	HIALEAH FL 33014

700002886777--1
-05/26/99--01030--016
*****1050.00 ***1050.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GASTANEDA, ENOC~~
~~2545 W. 80TH ST. DAY 1~~
~~HIALEAH FL 33016~~

Name

ALEMAN ANTONIO

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

7390 W 18 Ave.

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code
33014

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

Antonio Aleman

REGISTERED AGENT MUST SIGN

Date 4-30-99

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:

Antonio Aleman

SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (305) 512-1928

Date

Office Phone

CR2040 (8/97)