

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000042945

1. Corporation Name

PARK AVENUE INTERIOR DESIGNS, INC.

Principal Place of Business

Mailing Address

4253 N.W. 99TH TERRACE  
SUNRISE FL 33351

4253 N.W. 99TH TERRACE  
SUNRISE FL 33351

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1997

5. FEI Number

65-0755573

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
PSD	BROCK, MARY	<del>4253 NW 99TH TERRACE</del> 12421 NW 15 ST 4-205	SUNRISE FL 33351 33323
			900002750199--9 -01/21/99--01094--002 ***\$550.00 ***\$550.00
			900002750199--9 -01/21/99--01094--003 ***\$150.00 ***\$150.00

8. Name and Address of Current Registered Agent

BROCK, MARY  
4253 NW 99TH TERRACE  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

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

12421 NW 15 ST

Suite, Apt. #, Etc.

4-205

City

SUNRISE

State

FL

Zip Code

33323

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98

Date

(954) 232-3617

Daytime Phone #

FILED

99 JAN 19 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (9/98)

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January 15, 1999

Florida Department of State  
Division of Corporations  
Attention: Leslie Sellers  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Park Avenue Interior Designs, Inc.  
Ref. Number: P97000042945  
Letter Number: 298A00056435

Dear Ms. Sellers;

Due to the fact that I had a change in my address last year, I did not received the documents that your office sent to me in September. I contacted your office in November and mailed the necessary paperwork to you immediately after speaking with your associate.

I would like to thank you and your associates for your assistance with this matter.

Sincerely,



Mary Brock  
Park Avenue Interior Designs, Inc.