

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 DEC 14 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103792

1. Corporation Name

PAULETT CREATIONS, INC.

Principal Place of Business

Mailing Address

2333 BRICKELL AVENUE, MEZZANINE SUITE  
MIAMI FL 33129

2333 BRICKELL AVENUE, MEZZANINE SUITE  
MIAMI FL 33129

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

1840 West 49th Street

Suite, Apt. #, etc.

Suite 605

Suite, Apt. #, etc.

City & State  
Hialeah, Florida

City & State

Zip 33012 Country U.S.A.

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1997

5. FEI Number

65-0802773

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
PD	HENAO, GABRIEL	7420 SW 153 CT. SUITE 101	MIAMI FL 33193
VD	TRUJILLO, JUAN CARLOS	7420 SW 153 CT. SUITE 101	MIAMI FL 33193
D	ROSSO, PAULINA	7420 SW 153 CT. SUITE 101	MIAMI FL 33193
D	ORTEGA, MYRIAM J	7420 SW 153 CT. SUITE 101	MIAMI FL 33193

200802718792-3  
-12/22/98-01038-012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALEK, FARHAD  
2333 BRICKELL AVENUE, MEZZANINE SUITE  
MIAMI FL 33129

Name

HENAO, GABRIEL

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

7420 S.W. 153 Ct.

Suite, Apt. #, Etc.

Suite 101

City

Miami

State

FL

Zip Code

33193

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

Date

December 9/98

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

HENAO, GABRIEL President

12/9/1998 305-854-7474

Date

Daytime Phone #