

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000041858**

1. Corporation Name

MARKS & DUWAT INTERIEURS, INC.

Principal Place of Business

344 WORTH AVE.
PALM BEACH FL 33480

Mailing Address

344 WORTH AVE.
PALM BEACH FL 33480

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

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1998

5. FEI Number

65-0831263

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	MARKS, DAVID S	344 WORTH AVE.	PALM BEACH FL 33480
VP	DUWAT, PASCALE	344 WORTH AVE.	PALM BEACH FL 33480
			800024574408 11/10/03--01116--001 **150.00
			11/10/03--01116--001 **150.00

8. Name and Address of Current Registered Agent

DUWAT, PASCALE
344 WORTH AVE.
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

nov 7 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PASCALE DUWAT

Date

nov 7 / 03

Daytime Phone #

561.655.1633

CR2E040 (7/03)



Florida Department of State
Division of corporations
409 East Gaines St
Tallahassee, Fl, 32399

November 4th 2003

Dear Sirs,

This letter is to ask for reinstatement of our corporation dissolved since we did not returned the annual form, David Marks and myself would like to request waiving of reinstatement fee since we did not received the form.

Thank you for your help in this matter, feel free to contact us at our office 561 655 1633, would you have any question.

Sincerely

Pascale C. Duwat and David S. Marks