

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # P98000074898

1. Corporation Name

ARABESQUES, INC.

Principal Place of Business

Mailing Address

91 NE 40TH STREET
MIAMI FL 33137

91 NE 40TH STREET
MIAMI FL 33137



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

REINSTATEMENT

03 MRD

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0859583

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	ARMAND, PEGGY	91 NE 40TH STREET	MIAMI FL 33137

400023765114
10/13/03--01094--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARMAND, PEGGY
91 NE 40TH STREET
MIAMI FL 33137

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

SIGNATURE
Peggy Armand
REGISTERED AGENT MUST SIGN

Date

10/9/03

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
Peggy Armand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03 (305) 571 8808
Date Daytime Phone #

CR2E040 (7/03)



ARABESQUES

Fine Interiors

Florida Department of State
10/9/03

To whom it may concern,

This letter is to confirm that Arabesques did not receive the two prior uniform business report notices.


Peggy Armand
President

Northeast 91 40th Street
Miami, FL 33137

Phone: 305.571.8808
Fax: 305.571.9488