

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005776

1. Corporation Name

NORAL IRON DESIGNS, INC.

Principal Place of Business

Mailing Address

4701 S.W. 45TH ST., BLDG. #5N, #27
FT. LAUDERDALE FL 33314

4701 S.W. 45TH ST., BLDG. #5N, #27
FT. LAUDERDALE FL 33314



REINSTATEMENT 2000

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0920807

Not Applicable

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
DT	ALFONSO, NORBERTO	4701 S.W. 45TH ST., BLDG. #5N, #27	FT. LAUDERDALE FL 33314

700003511197--3
-12/22/00--01020--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HERNANDEZ, JOSE
1161 S.W. 71 AVE.
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name JOSE HERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)
9453 NW 39 PLACE
Suite, Apt. #, Etc.
City SUNRISE State FL Zip Code 33351

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] Date _____
REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #