

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000031146

1. Corporation Name

DESIGN FLAIR, INC.

Principal Place of Business

6112 VISTA LINDA LANE  
BOCA RATON FL 33433

Mailing Address

6112 VISTA LINDA LANE  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/1999

5. FEI Number

65-0919564

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
PST	FRIEND, GAYLE	6112 VISTA LINDA LANE	BOCA RATON FL 33433

300022555183  
08/25/03--01101--001 \*\*750.00

300022555183  
10/27/03--01062--024 \*\*150.00

8. Name and Address of Current Registered Agent

WENZEL, KENNETH A  
980 N FEDERAL HWY STE 440  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name: KENNETH A. WENZEL c/o HODGSON RUSSELL  
Street Address (P.O. Box Number is Not Acceptable)  
1801 MILITARY TRAIL, Suite 200  
Suite, Apt. #, Etc.

City BOCA RATON

State

FL

Zip Code

33431

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

8-19-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/12/03

Daytime Phone #

FILED

03 OCT 27 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

02  
03

CP2E040 (8/02)