

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P 99000059114

1. Corporation Name

NICOLE CASTELLANO INTERIORS, INC.

2. Principal Office Address

1331 NORTHEAST 119th ST

3. Mailing Office Address

19 PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

NORTH MIAMI

City &amp; State

MIAMI BEACH

Zip

FL 33161

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/30/1999

5. FEI Number

52-2180233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

NICOLE CASTELLANO

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

19 PALM AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State  
FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/14/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P	NICOLE CASTELLANO	19 PALM AVENUE	MIAMI BEACH, FL, 33139
D.S	GUILHEM CASTAGNE	19 PALM AVENUE	MIAMI BEACH, FL, 33139
		201.25 - AR	
		10.00 - ARANTS	
		88.75 - AR Supp	

10. 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

NICOLE CASTELLANO

5/13/02 3056329101

Date

Daytime Phone #

Nicole Castellano

I n t e r i o r s

2002

May 13, 2002

To Whom It May Concern:

Our company was incorporated in June of 1999. As a new company, last year was the first year that we needed to file a UBR form and pay a fee, which we failed to do as we were unaware of this obligation.

When we formed Nicole Castellano Interiors, Inc., we were advised by our attorney to use a commercial address for the Company for corporate documents. As a result, we used our warehouse in North Miami on the application the Division of Corporations of the State of Florida. However, this location is only used for storage and does not even have a proper mailbox. We never did receive any forms or requests from the State on this matter. In fact, it wasn't until our accountants, Sharff, Wittmer, Kurtz & Jackson, told us that we needed to pay this fee by May 1<sup>st</sup> that we called your office recently. We spoke to one of your customer service person and were told that we should send you a letter explaining the situation and a check for \$300.00. In addition, we are sending you another check for \$8.75 for a Certificate of Good Standing.

We did fill the "New Address" section on the "Application for Reinstatement" form attached. In the future, please send all correspondence 19 Palm Avenue, Miami Beach, FL, 33139.

Thank you,

Nicole Castellano,  
President and Director

