

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074987

1. Corporation Name

Katia Designs, Inc

2. Principal Office Address

153 Lake View Dr

Suite, Apt. #, etc.

204

City & State

Weston

Zip

FL

Country

33326

3. Mailing Office Address

Same as POA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0955546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

700012797217  
02/20/03--01008--001 \*\*150.00

7. Name and Address of Current Registered Agent

Name

Leonardo Cordona

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

153 Lake View Dr

Suite, Apt. #, Etc.

204

City

Weston

State

FL

Zip Code

33326

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

Leonardo Cordona

REGISTERED AGENT MUST SIGN

Date

01-30-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Leonardo Cordona	153 Lake View Dr 204	Weston-FL 33326
STD	Echeverry Norte	153 Lake View Dr 204	Weston-FL 33326

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:

Leonardo Cordona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-30-03

Daytime Phone #

954-6600312

CR35031 (3/99)