

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 MAR 10 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079380

1. Corporation Name Ombu Decorator Studio, Inc.

REINSTATEMENT 00-03

2. Principal Office Address
2301 Collins Avenue

3. Mailing Office Address
7328 SW 48 Street

Suite, Apt. #, etc.
Apt-503

Suite, Apt. #, etc.

City & State
Miami Beach, FL 33140

City & State
Miami, FL 33155

Zip
33140

Country
USA

Zip
33155

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0953597

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
Jose Luis Vegas

Street Address (P.O. Box Number is Not Acceptable)
2301 Collins Avenue

Suite, Apt. #, Etc.
Apt 503

City
Miami Beach

State
FL

Zip Code
33140

300013737833
03/10/03-01065-025 **1200.00

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 03-04-03

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
D	Jose Luis Vegas	2301 Collins Ave #.503	Miami, FL 33140

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:

Jose Luis Vegas 03-04-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)