

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -6 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000088059**

1. Corporation Name

Art and Design of Miami, Inc.

2. Principal Office Address

124 N.E. 96 Street

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33138

Country

USA

3. Mailing Office Address

124 N.E. 96 Street

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/99

5. FEI Number

65-0985546

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

David Rohn

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

124 N.E. 96 Street

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/2002

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	David Rohn	124 N.E. 96 Street	Miami Shores, FL 33138
		00-02 UBR	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 14 '2002

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 12, 2002

LORETTA FABRICANT, C.P.A.
100 SOUTHEAST SECOND STREET, SUITE 3910
MIAMI, FL 33131

SUBJECT: ART AND DESIGN, INC.
Ref. Number: P99000088059

We have received your document for ART AND DESIGN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2000 annual report/uniform business report. The entity must be reinstated before this document can be filed.

Please complete the enclosed form and return it to us with a check for \$1050.00 in order to complete your reinstatement.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee per year for the years 2000 through the current year, \$88.75 corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Corporate Specialist

Letter Number: 802A00014952