

Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 14 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093811

1. Corporation Name

APRICOT OFFICE INTERIORS, INC.

2. Principal Office Address - No P.O. Box #

1013 PARK CENTRE BLVD

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

Zip

33169

Country

USA

3. Mailing Office Address

1013 PARK CENTRE BLVD

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

Zip

33169

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 09/19/2003

5. FEI Number

650962841

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

STACEY E. SILVERA

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

20221 NE 21 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Stacey E. Silvera
REGISTERED AGENT MUST SIGN

Date 04/06/10

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
P/D	BASIL M. BERNARD	113 NIGHTHAWK AVE	PLANTATION, FL. 33324
SEC/D	MARLENE A. BERNARD	113 NIGHTHAWK AVE	PLANTATION, FL. 33324
VP/D	GREGORY A. SILVERA	20221 NE 21 AVE	MIAMI, FL. 33179
VP/D	STACEY E. SILVERA	20221 NE 21 AVE	MIAMI, FL. 33179

10. E-mail Address: marie@brevittschoop.com

(To be used for future annual report notification)

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. I further certify, 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:

Stacey E. Silvera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/10

Date

Daytime Phone #

APRICOT OFFICE INTERIORS, INC.

1013 Park Centre Blvd.

Miami Gardens, Florida 33169

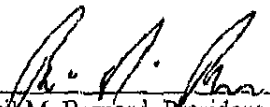
March 23, 2010

Florida Department of State
Division of Corporation

Re: **Letter of Intent**
Voluntary Dissolution of Corporation/Apricot Office Interiors, Inc.
Document #P10000021989

Dear Sir/Madam:

The undersigned as president of Apricot Office Interiors hereby states that Apricot Office Interiors -Document #P10000021989 has no intention of revoking its request to voluntary dissolve the above referenced company.


Basil M. Bernard, President