

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR 97-98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 23 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S92345

1. Corporation Name

NORDSOUTH INTERIORS CORP.

Principal Place of Business

20 SOUTH FEDERAL HWY.  
DANIA, FLORIDA  
33004

Mailing Address

c/o REJEAN LAPIERRE INC.  
7800 W. OAKLAND PARK BLVD.  
BLDG. "G"  
SUNRISE, FL. 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
20 SOUTH FEDERAL HWY.

3. New Mailing Office Address, If Applicable  
c/o REJEAN LAPIERRE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7800 W. OAKLAND PARK BLVD.

5. FEI Number

65-0309520

Applied For

Not Applicable

City & State  
DANIA

City & State

SUNRISE, FL. BLDG. "G"

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip  
33004

Country  
USA

Zip  
33351

Country  
USA

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SAUVE, ROBERT	6301 COLLINS AVENUE #1905	MIAMI BEACH, FL. 33141
DP	FRECHETTE, STEPHANE	6301 COLLINS AVENUE #1905	MIAMI BEACH, FL. 33141
			4000002469814--D -03/26/98--01107--002 ****300.00 ****900.00
			REINSTATEMENT 97-98
			3/23/98

8. Name and Address of Current Registered Agent

SAUVE, ROBERT  
6301 COLLINS AVENUE #1905  
MIAMI BEACH, FL. 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Robert Sauve*

REGISTERED AGENT MUST SIGN

Date March 20, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Robert Sauve*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert SAUVE

MARCH 11, 1998 (98) 927-6134

Date

Daytime Phone #

CR2E040 (1/98)