

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #, **V01432**

1. Corporation Name

**C & F DECORATING SERVICES**

Principal Place of Business

**554 N.W. 54 Street  
Miami, Florida 33127**

Mailing Address

**554 N.W. 54 Street  
Miami, Florida 33127**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/25/98**

5. FEI Number

**65-044-6358**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
1	<b>FRICO CORRIOLAN (P)</b>	<b>12500 N.W. 20th Court</b>	<b>Miami, Florida 33167</b>
2	<b>JEAN CORRIOLAN (V)</b>	<b>735 85th Street</b>	<b>Miami Beach, Florida 33141</b>
3	<b>ISNAR CORRIOLAN (S)</b>	<b>12500 N.W. 20th Court</b>	<b>Miami, Florida 33167</b>
4	<b>MARIE IVANIA CORRIOLAN (T)</b>	<b>12500 N.W. 20th Court</b>	<b>Miami, Florida 33167</b>

**REINSTATEMENT** **97-98** **32, 10-2**  
**9048002660959-5**  
**10/09/98-01091-013**  
**\*\*\*900.00 \*\*\*900.00**

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

**FRICO CORRIOLAN**

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

**12500 N.W. 20th Court**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33167**

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

REGISTERED AGENT MUST SIGN

Date **09/14/98**

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:

**FRICO CORRIOLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09/14/98**

Date

**305-785 8620**

Daytime Phone #

CRS 6040 (1/98)