

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V56992**

1. Corporation Name

PETALS, STITCHES & STROKES, INC.

Principal Place of Business

12020 SW 132 CT.
MIAMI FL 33186
US

Mailing Address

12020 SW 132 CT.
MIAMI FL 33186
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1992

5. FEI Number

65-0363905

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	D'AMICO, LINDA	12805 SW 115 CT	MIAMI FL
VP	D'AMICO, BENJAMIN H	12805 SW 115 CT	MIAMI FL

9000003071329--2
-12/15/99--01075--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SIEGEL, BERNARD F
7731 SE 62ND AVE
SUITE 203
MIAMI FL 33143

9. Name and Address of New Registered Agent

Name **LINDA D'Amico**
Street Address (P.O. Box Number is Not Acceptable)
12805 SW 115 CT
Suite, Apt. #, Etc.
MIAMI FL 33176
City State Zip Code
FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-15-99**

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 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

10-15-99 **305-235-6619**
Date Daytime Phone #

FILED

99 DEC -1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

CR2500 (8/99)