

2004 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # V57132 1. Entity Name AVENTURA HOME DECOR, INC.					
Principal Place of Business 17100 W DIXIE HWY NORTH MIAMI BEACH, FL 33160 US			Mailing Address 17100 W DIXIE HWY NORTH MIAMI BEACH, FL 33160 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0353652	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COHEN, DANIEL 17138 W. DIXIE HIGHWAY DIXIE PLAZA N. MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE: Nov. 11. 04		
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, DANIEL 17100 W. DIXIE HWY. NORTH MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042828618 11/17/04--01028--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Nov. 11. 04 Daytime Phone #		

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B"H

Aventura Home Decor, Inc.

17100 West Dixie Highway North Miami Beach, FL 33160
(305) 945-6304 Fax: (305) 945-5303

Certified Mail-Return receipt requested

November 11, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Re. Document# V57132 - Entity name: Aventura Home Decor, Inc.

Please be advised that, to the best of my knowledge, no "notices" to submit for renewal where received by this company.

Therefore, please find enclosed a check for \$150.00 made payable to Florida Department of State for reinstatement of - Aventura Home Decor, Inc.

It should also be noted that under name and address of current registered agent the address should be:

17100 West Dixie Highway
North Miami Beach, FL 33160

Thank you for your assistance in this matter.

Sincerely,



Daniel Cohen