

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V57354**

1. Corporation Name

SPAZIO INTERIOR ARCHITECTURE, INC.

2. Principal Office Address

14700 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

14700 BISCAYNE BLVD

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUGUST 13, 1992

5. FEI Number

65-0398398

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

SARA BARENBOIM

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

3407 NE 164TH STREET

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State

FL

Zip Code

33160

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 **X**

REGISTERED AGENT MUST SIGN

Date **12-19-02**

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
PRES.	SARA-BARENBOIM	3407 NE 164TH STREET	N. MIAMI BEACH, FL 33160
VICE PRES.	JULIO BARENBOIM	3407 NE 164TH STREET	N. MIAMI BEACH FL 33160

10. 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: **X**

JULIO BARENBOIM

12-19-02

305-945-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)