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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

05 MAY 10 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021422

1. Corporation Name

DESIGN AND DEVELOPMENT SERVICES, INC.

2. Principal Office Address	3. Mailing Office Address
374 Foxcroft Dr E	374 Foxcroft Dr E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683-5613 Country: US	Zip: 34683-5613 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: FLORIDA

5. FEI Number: 59- 3711273 ☐ 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: GARRY JOHN CZIPRI

Street Address (P.O. Box Number is Not Acceptable): 374 Foxcroft Dr E

Suite, Apt. #, Etc.:

City: Palm Harbor State: FL Zip Code: 34683-5613

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: Garry John Czipri (REGISTERED AGENT MUST SIGN) Date:

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
D,P	GARRY JOHN CZIPRI	374 Foxcroft Dr E	34683-5613
		REINSTATEMENT	04-05

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: Garry John Czipri 4-28-05 727-772-5613
(OFFICER AND TITLE OF AUTHORIZED PERSON OR DIRECTOR) (Date) (Daytime Phone #)

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DATE: Thursday, April 14, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **GARRY JOHN CZIPRI**
DESIGN AND DEVELOPMENT SERVICES, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 727-772-9515

THANKS,

X Garry John Czipri

GARRY JOHN CZIPRI, DIRECTOR & PRESIDENT
DESIGN AND DEVELOPMENT SERVICES, INC.

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

DESIGN AND DEVELOPMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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$300.00

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