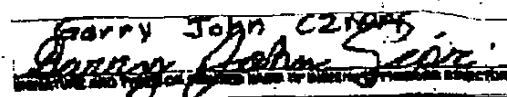


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 374 Foxcroft Dr E Suite, Apt. #, etc.		3. Mailing Office Address 374 Foxcroft Dr E Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida FLORIDA	
City & State Palm Harbor, FL		City & State Palm Harbor, FL		5. FEI Number 59-3711273	
Zip 34683-5613	Country US	Zip 34683-5613	Country US	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 		Date			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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)(b), 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: 		4-28-05 727-772-5825			

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10 May 2005 15:59

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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, 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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(((H05000119215 3)))

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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.**

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