

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 30 AM 9: 28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000033701

1. Corporation Name
 SOMERSET DESIGNS, INC.

Principal Place of Business Mailing Address
 1000 VENETIAN WAY P.O. BOX 1569
 UNIT 113 OCALA FL 34478
 MIAMI FL 33132



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. P.O. Box 204		Suite, Apt. #, etc.		05/04/1994	
City & State OCALA, FL		City & State		5. FEI Number	
Zip 34478		Country		65-0488932	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Add'l Bond 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
PSTD	SALLY A. DRINKHOUSE	1000 VENETIAN WAY STE 113 P.O. Box 204	MIAMI FL 33139 OCALA, FL 34478
REINSTATEMENT 99 1178			
300003065263--7 -12/09/99--01051--013 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
DRINKHOUSE, SALLY A 1000 VENETIAN WAY SUITE 113 MIAMI FL 33139		Name DRINKHOUSE, SALLY A			
		Street Address (P.O. Box Number is Not Acceptable) 924 SE 167TH CT RD			
		Suite, Apt. #, Etc.			
		City SILVER SPRINGS		State FL	Zip Code 34488

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: Sally A. Drinkhouse 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: Sally A. Drinkhouse Date: 10-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #