

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000101394

1. Corporation Name
BARBARA TATTERSFIELD DESIGN, INC.

FILED
 01 OCT 29 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

425 W. NEW ENGLAND AVE. 425 W. NEW ENGLAND AVE.
 #200 #200
 WINTER PARK FL 32789 WINTER PARK FL 32789



200 L [Signature]

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 12/16/1996

5. FEI Number 59-3117046 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional 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
P	TATTERSFIELD, BARBARA	2106 WILLOW BRICK RD	WINDERMERE FL 34786

000004688130--6
 -11/20/01--01004--016
 ****758.00 ****758.00

8. Name and Address of Current Registered Agent

TATTERSFIELD, BARBARA
 2106 WILLOW BRICK ROAD
 WINDERMERE-FL-34786

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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 *Barbara Tattersfield* Date 10/26/01
 REGISTERED AGENT MUST SIGN

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: *Barbara Tattersfield* BARBARA TATTERSFIELD Date 10/11/01 Daytime Phone # 4076441580

CP2E040 (8/01)