

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 23 PM 3:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000003701

1. Corporation Name
LURE DESIGN INCORPORATED

Principal Place of Business	Mailing Address
833 HIGHLAND AVE 110 ORLANDO FL 32803	P O BOX 531144 ORLANDO FL 32853-1144

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	01/12/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-3487642
City & State	City & State	Applied For	Not Applicable
Zip	Country	Zip	Country
8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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/T	MATZ, JEFFREY H	1923 E CONCORD ST 833 Highland Ave #110	ORLANDO FL 32803
	FREY, CHERYL E	1923 E CONCORD ST	ORLANDO FL 32803
VP/S	MASTRANI, PAUL D	1923 E CONCORD ST 933 Highland Ave #110	ORLANDO FL 32803
			200003455722--1 -11/07/00--01098-011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MATZ, JEFFREY H 1923 E CONCORD ST ORLANDO FL 32803	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 _____ **SIGNATURE REQUIRED** _____ Date 10.18.00
 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: SIGNATURE REQUIRED _____ Date 10.18.00 Daytime Phone # 407.835.1699
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)