

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P99000093544**

1. Corporation Name

SELECTIVE DESIGN, INC.

FILED
 00 NOV 30 PM 2:48
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
~~10379 S.W. 26 TERRACE~~
 MIAMI FL 33165
8058 NW 66 ST
MIAMI, FL 33166
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

SO

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.		Suite, Apt. #, etc.		10/22/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0965266	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
DP	SUAREZ, RAMON	10379 S.W. 26 TERRACE	MIAMI FL 33165
			310003493333--0
			-12/11/00--01037--016
			****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SUAREZ, RAMON 10379 S.W. 26 TERRACE MIAMI FL 33165		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Ramon Suarez* **SIGNATURE REQUIRED** Date **11-19-00**
 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. **KE**

SIGNATURE: *Ramon Suarez* **SIGNATURE REQUIRED** Date **11-19-00** Daytime Phone # **305 219-2104**

CR2E040 (8/00)