

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 25 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V17814**

1. Corporation Name  
**SG DESIGNS, INC.**

Principal Place of Business Mailing Address  
**6368 NW 23RD WAY BOCA RATON FL 33486**



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

2. New Principal Office Address, If Applicable <b>2115 South Ocean Boulevard</b>	3. New Mailing Office Address, If Applicable <b>2115 South Ocean Boulevard</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>02/27/1992</b>
Suite, Apt. #, etc. <b>#2</b>	Suite, Apt. #, etc. <b>#1</b>	5. FEI Number <b>65-0319557</b>
City & State <b>Delray Beach, FL</b>	City & State <b>Delray Beach, FL</b>	Applied For <input type="checkbox"/>
Zip <b>33483</b>	Zip <b>33483</b>	Not Applicable <input type="checkbox"/>
Country <b>USA</b>	Country <b>USA</b>	6. 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	<del>GREENHUT, STEVEN E</del> <b>Greenhut, Steven E</b>	<b>2115 SOUTH OCEAN BOULEVARD #1</b>	<b>DELRAY BEACH FL 33483</b>
ST	<b>GREENHAT, GLORIA</b>	<b>6368 NW 23 WAY</b>	<b>BOCA RATON FL</b>
			<b>500003034675--8</b>
			<b>-11/04/99--01033--010</b>
			<b>****150.00 ****150.00</b>

8. Name and Address of Current Registered Agent <b>GREENHUT, STEVEN E. 2115 SOUTH OCEAN BOULEVARD #2 DELRAY BEACH FL 33483</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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 \_\_\_\_\_ Date \_\_\_\_\_  
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: **KE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **10/21/99** Daytime Phone #: **561-265-2654**

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**GOLDSTEIN LEWIN & CO.**

Certified Public Accountants

October 21, 1999

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327

Re: SG Designs  
FEI# 65-0319557

Dear Sir or Madam:

As the accountants for the above referenced corporation, we have been asked to respond to your Notice of Dissolution.

The corporation did not receive their Annual Report. The President of the corporation was divorced from his wife. She did not forward the mail to him.

We request that you reinstate the Corporation. Please find enclosed a check for the \$150 fee.

Sincerely,

GOLDSTEIN LEWIN & CO.  
Certified Public Accountants

*Sandra J. Weiner*  
Sandra J. Weiner, CPA

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