

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 28 PM 12:20

DOCUMENT # 999000043697

1. Corporation Name

A DESIGN MARKETING SOLUTION,
INC.

2. Principal Office Address

13069 SW 122 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

13069 SW 122 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY, 13, 1999

5. FEI Number

65-09186-70

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roberto Fernandez

Street Address (P.O. Box Number is Not Acceptable)

14840 SW 149 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/25/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Roberto Fernandez	14840 SW 149 AVE	MIAMI, FL 33146

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02 (305) 2597376

Date

Daytime Phone #

CR2E081 (9/01)



DESIGN MARKETING SOLUTIONS, INC

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

Miami, February 26, 2002

**REF: A DESIGN MARKETING SOLUTIONS, INC.
Document# P99000043697
F.E.I. # 65-09186-70.**

Dear Sirs,

According to the telephone instructions provided by your office, this is to request a reinstatement of the aforementioned corporation and the waive of the reinstatement fee, since previous notice and uniform business report were never received by this office.

For this purpose, we are submitting attached a Reinstatement Application form and the corresponding fee of \$150.00 (Profit Corporation) (check # 1597).

We appreciate in advance your prompt attention to this matter, and will look forward to receiving the corporation reinstatement at your earliest convenience.

If you may have any questions, please do not hesitate to contact us at (305) 259-7376 or fax (305) 259-7573.

Best regards,
A DESIGN MARKETING SOLUTIONS, INC.


Roberto Fernandez
President