

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

98 NOV 23 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

DOCUMENT # 414390

1. Corporation Name

DRAGO ARTISTIC DESIGNS, INC.

Principal Place of Business 8346 NW SOUTH RIVER DRIVE SUITE E MEDLEY FL 33166	Mailing Address 8346 NW SOUTH RIVER DRIVE SUITE E MEDLEY FL 33166
--	--

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 12/11/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-1437947 Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	FERNANDEZ, DAGOBERTO	8346 NW S RIVER DRIVE E	MEDLEY FL
STD	FERNANDEZ, ANA MARIA	8346 NW S RIVER DRIVE E	MEDLEY FL

200002700042-9
-12/02/98-01038-003
***750.00 ***750.00

John W. 28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, DAGOBERTO
8346 NORTHWEST SOUTH RIVER DRIVE EAST
MEDLEY FL 33166

Name

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

Suite, Apt. #, Etc.

City

State Zip Code
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

RE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-20-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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:

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98

Date

Daytime Phone #