

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -6 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 578740

1. Corporation Name
AKA DESIGNS, INC.

2. Principal Office Address
7729 Forest Green Lane

3. Mailing Office Address
7729 Forest Green Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach, Florida

City & State
Boynton Beach, Florida

Zip Country
33436

Zip Country
33436

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-03/14/02--01052--031
***1058.75 ***1058.75

4. Date Incorporated or Qualified
To Do Business in Florida 7-11-1978

5. FEI Number 59-1955491
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

Arthur Aaron

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

7729 Forest Green Lane

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code
33436

REINSTATEMENT 00-02

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

Arthur Aaron
REGISTERED AGENT MUST SIGN

Date 2/15/02

Arthur Aaron

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
D/P	Arthur Aaron	7729 Forest Green Lane	Boynton Beach, FL 33436
D/S/T	Marjory Aaron	7729 Forest Green Lane	Boynton Beach, FL 33436

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: *Arthur Aaron* Arthur Aaron, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 2002
Date Daytime Phone #

CR2E081 (9/00)