

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 587100

1. Corporation Name

3 D DESIGN CO.

Principal Place of Business

POST OFFICE BOX 25381  
TAMARAC FL 33320

Mailing Address

POST OFFICE BOX 25381  
TAMARAC FL 33320

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1978

5. FEI Number

59-1847566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>AGEE, JOHN</del>	<del>915 MIDDLE RIVER DRIVE</del>	<del>FT LAUDERDALE FL</del>
PTS D	STAUDNER, RUPERT A.	<del>780 122ND ST</del> P.O. BOX 173482	<del>MARATHON SHORES FL</del> HIALEAH, FL 33017

8. Name and Address of Current Registered Agent

AGEE, JOHN  
SUITE #508, GALLERIA PROFESSIONAL BLDG.  
915 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FL. KG 33304

9. Name and Address of New Registered Agent

Name  
JON AGEE  
Street Address (P.O. Box Number is Not Acceptable)  
915 MIDDLE RIVER DRIVE  
Suite, Apt. #, Etc.  
SUITE 512  
City  
FORT LAUDERDALE FL  
State  
FL  
Zip Code  
33304

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

REGISTERED AGENT MUST SIGN

Date Jan. 12, 2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rupert A. Staudner

1/13/02 784-1300  
Date Daytime Phone #

CR2E040 (800)