APPROVED AND FILED

02 NOV 15 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H02000226743

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1997-2002

DOCUMENT # F08295

1. Corporation Name: DESIGNER CONSTRUCTION CORP.

2. Principal Office Address: 2236 DISCOVERY CIRCLE W.
Suite, Apt. #, etc.:
City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: US

3. Mailing Office Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/09/1980

5. FEI Number: 59-2057706 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MICHEL GAGNON
Street Address (P.O. Box Number is not acceptable): 2236 DISCOVERY CIRCLE W.
Suite, Apt. #, Etc.:
City: DEERFIELD BEACH State: FL Zip Code: 33442

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] Date: 11/14/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GAGNON, MICHEL	2236 DISCOVERY CIRCLE W.	DEERFIELD BEACH FL. 33442

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 the 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 obtained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] PRRES. 11/14/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : DENIS GAUTHIER
Account Number : 073542003667
Phone : (954)925-0435
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CORPORATION REINSTATEMENT

DESIGNER CONSTRUCTION CORP.

Certificate of Status	0
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