

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92562**

1. Corporation Name

OUTDOOR DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

**252 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308**

**252 COMMERCIAL BLVD
LAUDERDALE BY THE SEA FL 33308**

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

2. New Principal Office Address, If Applicable

4101 NE 31 AVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

Zip

33064

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

07/29/1982

5. FEI Number

58-2204887

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SIEGEL, GILDA H	1886 NW 85TH DRIVE	CORAL SPRINGS FL
T	SIEGEL, STEPHEN G	524 NE 13TH AVENUE	FT LAUDERDALE FL
V	SIEGEL, JEFFREY L	524 NE 13TH AVENUE	FT LAUDERDALE FL
S	SIEGEL, ANDREW L	1886 NW 85TH DRIVE	CORAL SPRINGS FL

REINSTATEMENT 1996
G. Alan

8. Name and Address of Current Registered Agent

**SIEGEL, ANDREW ESQ
300 NW 82ND AVE
SUITE 412
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **Oct 24, 96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.25.96

Date

954-788-0023

Daytime Phone #