


11-19-01; 10:45AM;

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002469					
1. Corporation Name Design Contempo, Inc					
2. Principal Office Address 265 South Main Street			3. Mailing Office Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lisbon, NH			City & State		
Zip 03585	Country USA	Zip	Country		

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA800004717538--7
-12/10/01--01112--027
***1658.75 ***1658.75

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4. Date Incorporated or Qualified To Do Business in Florida 10/1/80	
5. FEI Number 02-0353614	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> XX \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Richard S. BRYAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2225 EDGEWOOD DR EAST</u>	
Suite, Apt. #, Etc. <u># 3</u>	
City <u>LAKELAND</u>	State <u>FL</u> Zip Code <u>33803-3634</u>

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 <u>[Signature]</u>	Date <u>11/19/01</u>
REGISTERED AGENT MUST SIGN	

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
President	Henry A. Kober	279 Wilkins Farm Road	Littleton, NH 03561
V. President	Elizabeth R. Kober	279 Wilkins Farm Rd Same As Above	Littleton NH 03561 Same As Above
Secretary	Barry Brado	287 North Road	Jefferson, NH 03583
Treasurer	Henry A. Kober	Same As 1st Line	Same As 1st Line
		279 Wilkins Farm Rd	Littleton NH 03561

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)(f), 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: <u>[Signature]</u>	Henry A. Kober / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>11/19/01</u> 800-552-8286 Daytime Phone #