

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV 10 AM 11:25

DOCUMENT # F96000005147

1 Corporation Name  
 MASTER DESIGN INTERNATIONAL, LTD. "CORPORATION"

Principal Place of Business Mailing Address  
 1001 WEST NEWPORT CENTER, UNIT #111  
 DEERFIELD BEACH, FL 33442

REINSTATEMENT

98-99

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

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 1/30/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 16-1390186	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
MR.	VARUJ ARKARAKAS	79 GLENARDEN CRESCENT	RICHMOND HILL, ONT. L4B2K4
MR.	NAZAR MADJARIAN	15 SPARWOOD COURT	WILLOWDALE, ONT. M2M487
MR.	SAMUEL KLEINBERG	3900 YONGE STREET	TORONTO, ONT. M4N3N6
			500003053355-3 11/23/99-01069-001 ***300.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<del>LARRY ROSEMAN 8885 RAMBLEWOOD DRIVE, #2109 CORAL SPRINGS, FL 33071</del>		Name LARRY Roseman Street Address (P.O. Box Number is Not Acceptable) 8885 Ramblewood Drive #2109 Suite, Apt. #, Etc. 2109 City CORAL SPRINGS State FL Zip Code 33071	

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: *Larry Roseman* REGISTERED AGENT MUST SIGN Date:

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Nov 5/99 Daytime Phone #: AD

CR2E(8) (12/98)