

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

DOCUMENT # F97000002749

1. Corporation Name

AMERICAN DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

1007 SHOTGUN ROAD  
SUNRISE FL 33326

1007 SHOTGUN ROAD  
SUNRISE FL 33326



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-3140050

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RUBEN, DAVID A	1007 SHOTGUN ROAD	SUNRISE FL 33326
<del>ISO</del>	<del>LIM, ALBERT</del>	<del>17815 SKYPARK CIR STE B</del>	<del>IRVINE CA 92614</del>
<del>G</del>	<del>LU, ANDY</del>	<del>1007 SHOTGUN ROAD</del>	<del>SUNRISE FL 33326</del>
<del>VO</del>	<del>LU, CLAYTON</del>	<del>1007 SHOTGUN ROAD</del>	<del>SUNRISE FL 33326</del>
S	Chio, Wai Wah	74 Trinity Pl., 17th fl.	New York, NY 10006

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUBEN, DAVID A  
1007 SHOTGUN ROAD  
SUNRISE FL 33326

Name

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

800003506568--1

Suite, Apt. #, Etc.

-12/20/00--01013--017

\*\*\*\*750.00

\*\*\*\*750.00

City

State

Zip Code

FL

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]*

Date 10/25/00

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
David Ruben, President + CEO

10/25/00 934-422-7500  
Date Daytime Phone #

CR2E040 (8/00)