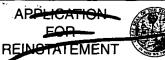
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

F97000005502

1. Corporation Name

PAPER DESIGNS, INC.

 	B 4 - 10	Addana
	Mailing	Acore:

755 WAVERLY AVE

Principal Place of Business



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

01 DEC 13 AM 11: 28

HOLTSVIL	LE NY 11742-1	125	HOLTSVILLE	NY 11742 <del>-1125</del>				
If above addresses are incorrect in any way, line th  2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip  Country		3. New Mail			5. FEI Numbe	4. Date Incorporated or Qualified To Do Business in Florida  10/20/1997  5. FEI Number  11-3176238  Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer		<del></del>		<del></del>	1	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
PSTD	STD MILLER, RICHARD		1545 JAMAICA CT		MARCO ISLAND FL 34145			
					<del></del>	4Č	0004736 -12/24/010	3649 1003026
							****150.00	****150.00
		·	<u> </u>	1		7 4		
			.,	1				
8. Name and Address of Current Registered Agent					9. Name and	9. Name and Address of New Registered Agent		
	R, RICHARE				Street Address	(P.O. Box Number	MINUER  is Not Acceptable  B	LUN .
MARCO ISLAND FL 33937 Suite, Apr. #2					tco o	1-VI-1		

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.

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 turther certify that when filling 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 lees 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:



December 11, 2001

DIVISION OF CORPORATIONS P.O. BOX 6327 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 32314

**ENCLOSED IS OUR APPLICATION FEE FOR REINSTATEMENT IN THE AMOUNT OF \$ 150.00.** 

WE HAVE NEVER BEEN IN RECEIPT OF PREVIOUS NOTICES FOR FILING A UNIFORM BUSINESS REPORT. WE HAVE BEEN A NY CORPORATION SINCE 1993.

Tel: (941) 394-7240

Fax: (941) 394-7320

THANK YOU FOR CONSIDERATION

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