

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005502

1. Corporation Name

PAPER DESIGNS, INC.

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JBR

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Principal Place of Business Mailing Address
755 WAVERLY AVE 755 WAVERLY AVE
105 105
HOLTSVILLE NY 11742-1125 HOLTSVILLE NY 11742-4425



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	
Suite, Apt. #, etc.		P.O. Box 258		10/20/1997	
City & State		City & State		5. FEI Number	
Zip		Country		11-3176238	
				Applied For	
				Not Applicable	
				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	4. City / State / Zip
PSTD	MILLER, RICHARD	1545 JAMAICA CT	MARCO ISLAND FL 34145

400004736364--9
-12/24/01--01003--026
****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MILLER, RICHARD 1545 JAMAICA COURT MARCO ISLAND FL 33937		Name: RICHARD MILLER Street Address (P.O. Box Number is Not Acceptable): 205 N. COLLIER BLVD Suite, Apt. #, Etc.: 233 SUITE City: MARCO ISLAND State: FL Zip Code: 34145	

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: RICHARD MILLER Date: 12-11-01

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: RICHARD MILLER Date: 12-11-01 9413947246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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PAPER DESIGNS

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.**

THANK YOU FOR CONSIDERATION