

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 OCT -9 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G54689

1. Corporation Name

DESIGN SYSTEMS SOUTH, INC

2. Principal Office Address

4765 BAYWIND DR

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32514

Country

3. Mailing Office Address

4765 BAYWIND DR

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32514

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/15/83

5. FEI Number

59-2330549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001-2002

7. Name and Address of Current Registered Agent

Name

ROBERT DANCE

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

4765 BAYWIND DR

Suite, Apt. #, Etc.

City

PENSACOLA

State
FL

Zip Code

32514

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

Robert W. Dance

Date 10-5-02

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
DP	ROBERT DANCE	4765 BAYWIND DR	PENSACOLA FL 32514
DT	EDITH DANCE	4765 BAYWIND DR	PENSACOLA FL 32514

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)(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:

Robert W. Dance Robert W. Dance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-02

Daytime Phone #

850-484-2610

CR210B1 (9/01)