

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

01 NOV -1 PM 12:11

DOCUMENT # **G82662**

1. Corporation Name

DESIGN TRENDS, INC.

Principal Place of Business

5011 N. DIXIE HWY.
BOCA RATON FL 33431

Mailing Address

5011 N. DIXIE HWY.
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1984

5. FEI Number

59-2391794

Applied For

Not Applicable

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	PANARELLO, THOMAS K.	9680 N.W. 59 CT.	PARKLAND FL 33076

8. Name and Address of Current Registered Agent

PANARELLO, THOMAS K
9680 N.W. 59 CT.
PARKLAND FL 33076

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/29/01

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

DESIGN TRENDS, INC.

Designers of Custom Window Products

5011 N. Dixie Highway Boca Raton, FL 33431
(561) 368-7098 • Fax (561) 392-2552

A note from the desk of Thomas K. Panarello:

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: FEI Number 59-2391794

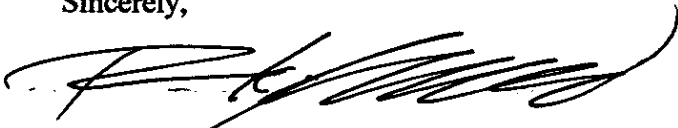
To Whom It May Concern:

Design Trends, Inc. did not receive any application renewal documents for the year 2001. Therefore, as per my conversation of October 25, 2001, with one of your representatives, all late fees, etc., have been revoked.

Please find enclosed our check in the amount of \$150.00 to cover the corporate returns for the year 2001.

If you have any questions or require additional information, please feel free to contact us.

Sincerely,



Thomas K. Panarello
President

TKP:gg