

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G95062**

**1. Corporation Name**

Karen Fox Designs, Inc.

**2. Principal Office Address**

800 North Flagler Drive

Suite, Apt. #, etc.

**City & State**

West Palm Beach, FL

**Zip**

33401

**Country**

USA

**3. Mailing Office Address**

800 North Flagler Drive

Suite, Apt. #, etc.

**City & State**

West Palm Beach, FL

**Zip**

33401

**Country**

USA

**REINSTATEMENT**

CR2E081 (8/05)

04-05

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

4/6/1984

**5. FEI Number**

59-2443566

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Karen M. Fox

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

800 North Flagler Drive

Suite, Apt. #, Etc.

**City**

West Palm Beach

**State**  
FL

**Zip Code**  
33401

**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

*Karen M. Fox*

REGISTERED AGENT MUST SIGN

Date **Oct. 17, 2005**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTC	Karen M. Fox	630 South Sapodilla, #115	West Palm Beach, FL 33401

300060955143  
10/27/05 01004 000 \*\*308.75

10/10/24

**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)(l), 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:**

*Karen M. Fox*

KAREN M. FOX

10/17/2005 (561) 848-9891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



PROFESSIONAL LIC. ID. 1702  
FLORIDA LIC. ID. 1027

October 17, 2005

Florida Department of State  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Corporation Reinstatement

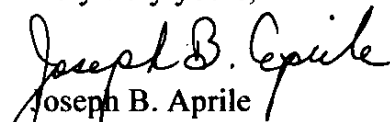
To Whom It May Concern:

Please find our Application for Corporation Reinstatement along with our Check in the amount of \$308.75, for 2004, 2005 and Certificate of Status.

This late filing is due to the fact we never received the Annual Corporation Report because the address on record was incorrect. We are requesting that you please give us a wavier on all late fees because of this computer error.

Thank you for your cooperation in this matter, I am

Very truly yours,

  
Joseph B. Aprile  
Controller