PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

H57527

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

FILED
99 SEP 17 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Altamonte Design Studio, Inc.

Principal Place of Business | Mailing Address

207 Jasmine Lane
Longwood, FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/14/85

5. FEI Number: [X] 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	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State / Zip
PST	Roy Meadows	207 Jasmine Lane	Longwood, FL 32779

REINSTATEMENT 90-97
LFJ 9-20-99

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-09/20/99--01014--012
***1992.50 ***1922.50

8. Name and Address of Current Registered Agent

Robert S. Rabits
246 North Westmonte, Suite 212
Altamonte Springs, FL 32714

9. Name and Address of New Registered Agent

Name: Roy Meadows
Street Address (P.O. Box Numbers Is Not Acceptable): 207 Jasmine Lane
Suite, Apt. #, Etc.
City: Longwood | State: FL | Zip Code: 32779

10. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Roy Meadows
REGISTERED AGENT MUST SIGN
Date: 8/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [ ] No [X]

(See other side for information on intangible tax.)

I am a director, officer of the corporation, 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 ... the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. ... 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: Roy Meadows (Roy Meadows)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99
Date

407-788-2811
Daytime Phone #