


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <span style="font-size: 1.5em;">J29479</span>			
1. Corporation Name <span style="font-size: 1.2em;">DNA DESIGN GROUP INC.</span>			
Principal Place of Business <span style="font-size: 1.2em;">5159 S. UNIVERSITY DR. DAVIE FLORIDA 33328</span>		Mailing Address	
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. <span style="font-size: 1.2em;">N/A</span> City & State <span style="font-size: 1.2em;">N/A</span> Zip <span style="font-size: 1.2em;">N/A</span> Country <span style="font-size: 1.2em;">N/A</span>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <span style="font-size: 1.2em;">N/A</span> City & State <span style="font-size: 1.2em;">N/A</span> Zip <span style="font-size: 1.2em;">N/A</span> Country <span style="font-size: 1.2em;">N/A</span>	
		4. Date Incorporated or Qualified To Do Business in Florida <span style="font-size: 1.2em;">1986</span>	
		5. FEI Number <span style="font-size: 1.2em;">59-2717198</span>	
		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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ANDREAS DEMETRIOU	5159 S. UNIVERSITY DR DAVIE FL 33328	DAVIE FL. 33328
T	ANTONIO MAIORANA	3321 N. 34TH ST.	HOLLYWOOD FL 33021
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>REINSTATEMENT 97-99 BS</b> </div>			
8. Name and Address of Current Registered Agent <span style="font-size: 1.2em;">ANTONIO MAIORANA 3321 N. 34TH ST. HOLLYWOOD FL 33021</span>		9. Name and Address of New Registered Agent Name <span style="font-size: 1.2em;">N/A</span> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <span style="font-size: 1.2em;">FL</span> 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 <span style="font-size: 1.5em;">[Signature]</span> <span style="float: right;">Date <span style="font-size: 1.2em;">4/26/99</span></span> REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <span style="font-size: 1.5em;">[Signature]</span> <span style="font-size: 1.2em;">ANTONIO MAIORANA</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<span style="font-size: 1.2em;">4/26/99</span> <span style="font-size: 1.2em;">(954) 966-1109</span> Date Date time & phone #	

CR2008 (12/98)