

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M85344

1. Corporation Name

Beautiful Custom Designs, Inc.

Principal Place of Business

Mailing Address

1523 Trumbull St
Kissimmee, FL 34744

REINSTATEMENT

94-98

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address If Applicable

3. New Mailing Address If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6-8-88

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

59-2402831

Applied For

FEI Application

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. (FIC#)	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
	V/V Vincent Vellone	1523 Trumbull St	Kissimmee FL 34744
	V/V Debra Vellone	1523 Trumbull St	Kissimmee FL 34744

600002570016-6
-06/23/98-01086-017
***1350,75 ***1350,75

8. Name and Address of Current Registered Agent

V/V Phillip Vellone
1523 Trumbull St
Kissimmee, FL
34744

9. Name and Address of New Registered Agent

Name: Vincent Vellone
Street Address (P.O. Box Number is Not Acceptable):
1523 Trumbull St
State, Apt. #, Etc.:
City: Kissimmee
State: FL Zip: 34744

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

VINCENT VALLONE P.

Date

6/16/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I request the Division of Corporations, from any liability of non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation which is applying for reinstatement and that I am qualified to execute the application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution was as stated on the application and the corporation name satisfies the requirements of section 102.01(1) or (17) of F.S. and that all fees owed by the corporation have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
DEBRA VALLONE V/V

Date

Display Phone #

6-16-98
(407) 870-8337