

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

97 JAN 15 AM 10:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M99939**

1. Corporation Name

CUSTOM SHIRT DESIGNS, INC.

Principal Place of Business

Mailing Address

6600 N.W. 12TH AVE. #213
 FT. LAUDERDALE FL 33309

6600 N.W. 12TH AVE. #213
 FT. LAUDERDALE FL 33309

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

4. Date Incorporated or Qualified To Do Business in Florida

09/19/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0087565

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

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
PD	STEWART, DEAN B.	2140 WARWICK HILLS WAY 104 SW 6th Terr.	CORAL SPRINGS FL BOCA RATON FL
VS	HOWELL, PAUL J.	2172 N.E. 62ND CT	FT. LAUDERDALE FL
			680002062255-2 -01/17/97--01098--019 ****375.00 ****375.00

REINSTATEMENT 9/6 1/15/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, DEAN B
 6600 NW 12 AVE
 STE 213
 FT LAUDERDALE FL 33309

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]
 REGISTERED AGENT MUST SIGN

Date

10/1/96

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 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:

[Signature]

Dean Stewart

Date

10/1/96

954-564-3373

Daytime Phone # EXT. 122

CR2E040 (7/96)