

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007612

1. Corporation Name

DESIGNS BY ELVIS, INC.

REINSTATEMENT 01-03

200015444912

04/08/03--01002--020 **1058.75

2. Principal Office Address

5600 S.W. 135 AVENUE

3. Mailing Office Address

5600 S.W. 135 AVENUE

Suite, Apt. #, etc.

SUITE 204A

Suite, Apt. #, etc.

SUITE 204A

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33183

Country

U.S.A

Zip

33183

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

65-0976613

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELVIS NUNEZ

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

5600 S.W. 135 AVENUE

Suite, Apt. #, Etc.

SUITE 204A

City

MIAMI

State

FL

Zip Code

33183

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

Date 03/26/2003

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ELVIS NUNEZ	5600 S.W. 135 AVENUE SUITE 204A	MIAMI, FL 33183

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2003 305-380-6646

Date

Daytime Phone #

21 4/5