

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -8 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000007612

1. Corporation Name  
DESIGNS BY ELVIS, INC.

REINSTATEMENT 01-03

200015444912

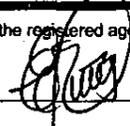
04/08/03--01002--020 \*\*1058.75

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 <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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:  Date 03/26/2003 Daytime Phone # 305-380-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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