

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 JUL 16 PM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000023168

1. Corporation Name

PhatKaps Designs, Co.

700021986497
08/01/03--01004--014 **300.00

2002-2003 UBR

2. Principal Office Address

400 So Point Dr.

Suite, Apt. #, etc.

706

City & State

Miami Beach FL

Zip

33130

Country

USA

3. Mailing Office Address

400 So Point Dr.

Suite, Apt. #, etc.

706

City & State

Miami Beach FL

Zip

33130

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0939551

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

Shearer, Johnetta

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

400 So Point Dr.

Suite, Apt. #, Etc.

706

City

Miami Beach

State

FL

Zip Code

33130

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

Johnetta Shearer
REGISTERED AGENT MUST SIGN

Date

7-9-03

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
P-D	Shearer, Johnetta	400 So Point Dr. #706	Mia Bea., FL 33130
VP D	Shearer, Talmage	400 So Point Dr. #706	Mia Bea., FL 33130

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

Date

7-9-03

Daytime Phone #

477-7753

CR2081 (10/02)

400 So Point Dr #706
Miami Beach, Florida 33130

282

PhatKaps Designs, Co.

July 9, 2003

Department of State
Division of Corporations
Reinstatement Division
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: Doc #P00000023168

Dear Sir or Madam:

Per your instructions, enclosed please find a Reinstatement form for the above referenced corporation. Please note that you have the incorrect address for this corporation. Also, as we informed you, we never received the 2002 or the 2003 Uniform Business Report from you. Perhaps is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2002 and 2003 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely



Jonnetta Shearer
Pres.