

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000037761			
1. Corporation Name SANDRA EMERY DESIGNS, INC.			
Principal Place of Business 129 MILTON STREET LANTANA FL 33462		Mailing Address 129 MILTON STREET LANTANA FL 33462	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida		04/10/2000	
5. FEI Number		65-1008966	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	EMERY, SANDRA N	129 MILTON STREET	LANTANA FL 33462
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent.	
EMERY, SANDRA N 129 MILTON STREET LANTANA FL 33462		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 <u>SIGNATURE REQUIRED</u> Date _____ REGISTERED AGENT MUST SIGN			
11. 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: <u>SIGNATURE REQUIRED</u>		10/15/01 (561)585-8621 Date Daytime Phone #	

Page 2 of 2

## SANDRA EMERY DESIGNS, INC.

129 MILTON STREET  
LANTANA, FLORIDA 33462 - USA

TEL: (561) 585-8621 - FAX: (561) 585-8667

October 15, 2001

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

RE: 2001 UNIFORM BUSINESS REPORT  
Document # P00000037761

Dear Sir,

Per our phone conversation on Monday, October 15, 2001 included is a copy of my 2001 Uniform Business Report, filled on time by my accountant, along with my replacement check of \$ 150.00

Due to my father's sudden death on New Years eve, I was out of town for most of the summer to take care of his personal matters.

On my return from Europe, I was very shocked and surprised to have received not only a notice from your department stating that my fees are still due; but also a letter from my accountant stating that he was very fortunate to have gotten out of a stroke. He also stated that he was too ill to continue his business and dissolved it. Attached is a copy of his letter to me.

Being from another country and also in my very first year of business, I thought I was doing the right thing by getting an accountant to take care of my business papers while I was gone.

Thank you in advance for your comprehension,

Yours truly,



Sandra Emery