

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000103667 1. Corporation Name L'HERMITAGE DESIGN GROUP, INC.			
2. Principal Office Address 3100 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. L'HERMITAGE SOUTH, SUITE 607 City & State FORT LAUDERDALE Zip FL 33308		3. Mailing Office Address 3100 NORTH OCEAN BOULEVARD Suite, Apt. #, etc. L'HERMITAGE SOUTH, SUITE 607 City & State FORT LAUDERDALE Zip FL 33308	
Country USA		Country USA	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 13 PM 4:47

REINSTATEMENT 03-04

900033473009
 04/21/04--01071--014 **308.75

4. Date Incorporated or Qualified To Do Business in Florida 11/03/2000

5. FEI Number 65-1095709 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
 DANIEL S. CARUSI, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 517 SW 1ST AVENUE

Suite, Apt. #, Etc.

City
 FORT LAUDERDALE

State
 FL

Zip Code
 33301

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 *[Signature]* Date 4.5.04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRED WYTENBACH	3100 NORTH OCEAN BOULEVARD	FORT LAUDERDALE, FL33308
VP	PATRICIA LUZI-WYTENBACH	3100 NORTH OCEAN BOULEVARD	FORT LAUDERDALE, FL33308

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)(b), 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]* A.F. Wytenbach, P 04-04-04 954-560-5665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone x

CR0001 01/03

L'HERMITAGE DESIGN GROUP, INC.

FACSIMILE TRANSMITTAL SHEET

TO:LESLIE SELLERS

FROM:FRED WYTENBACH

DIVISION OF CORPORATIONS, TALLAHASSEE

DATE:04/05/2004

FAX NUMBER:1-850-488-9000

TOTAL NO. OF PAGES INCLUDING COVER:

5

PHONE NUMBER:1-850-488-9000

SENDER'S REFERENCE NUMBER:AFW1

RE:CORPORATION REINSTATEMENT P00000103667

YOUR REFERENCE NUMBER:

☒ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Dear Miss Sellers

Attached, you'll find:

- 1) a copy of the request for an address change, mailed to your office on 3/4/2002
- 2) a duly completed and signed reinstatement form
- 3) a copy of our e-mail exchange
- 4) check #1122 over \$308,75 covering two filing fees at \$150 and \$8.75 for a certificate

We definitely never received the 2003 Annual Report at our new address and therefore ask you to kindly waive the \$600.00 reinstatement fee!

Thank you very much for your prompt response!

Yours truly,

L'HERMITAGE DESIGN GROUP, INC.

Fred Wyttenbach, President

