

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR 16 PM 12:14

500067989415
03/16/06--01049--C15 **900.00

CR2E081 (12/05)

DOCUMENT # P00000104503

1. Corporation Name

M DESIGN GROUP INC.

2. Principal Office Address

298 NE 62nd Street

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33138

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

DE COCK MARCEL

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

298 NE 62nd STREET

Suite, Apt. #, Etc.

City

MIAMI FL

State
FL

Zip Code

33138

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

MARCEL DE COCK
REGISTERED AGENT MUST SIGN

Date 03/15/06

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	DE COCK MARCEL	298 NE 62 nd Street	MIAMI FL 33138

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 contained in Chapter 119, 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:

MARCEL DE COCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

Date

305 798 88 98
Daytime Phone #

Miami 03/15/06

To Whom It May Concern: it may concern,

I did not receive the proper documents to file my yearly fee. I am enclosing a check for \$ 900.00 for the years I did not file but kindly ask to waive the \$ 600.00 late reinstatement fee.

Also enclosed the check in the amount of \$ 43.75 for Filling fee & Certificate of Status.

Marcel

A handwritten signature in black ink, consisting of a large, stylized 'M' followed by a series of vertical strokes and a horizontal line at the bottom.