

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000307

1. Corporation Name

DESIGN GROUP 2000+, INC.

Principal Place of Business

Mailing Address

10151 SW 1ST STREET  
PLANTATION FL 33324

10151 SW 1ST STREET  
PLANTATION FL 33324



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/02/2001

Suite, Apt. #, etc.

6741 W. SUNRISE BLVD #12

Suite, Apt. #, etc.

6741 W. SUNRISE BLVD #12

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

5. FEI Number

65-1083262

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	ROBIN ROUAH	10151 SW 1 ST.	PLANTATION FL 33324
V.P.	MORRIS ROUAH	10151 SW 1 ST.	PLANTATION FL 33324

000008763910  
11/01/02--01098--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROUAH, ROBIN  
10151 SW 1ST STREET  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-26-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-02

954-797-

4150

# DESIGN GROUP 2000+ INC

6741 W. Sunrise Blvd. #12  
Plantation, FL 33313

Tel: (954)797-4150

Fax: (954)797-2595

[http:// www.designgroup2000.com](http://www.designgroup2000.com)

Email: [morris@designgroup2000.com](mailto:morris@designgroup2000.com)

October 26, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

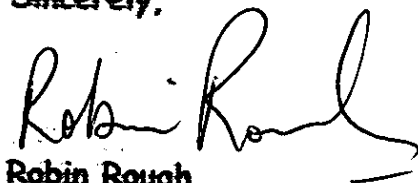
Dear Sirs,

Enclosed please find the completed application for reinstatement along with our payment.

Please be advised that we did not receive the prior UBR notices.

We are enclosing the required ONE HUNDRED FIFTY DOLLARS filing fee.

Sincerely,



Robin Rouah  
Design Group 2000+, Inc