

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701000022293

1. Corporation Name  
Designer "D" Outlet Inc

2. Principal Office Address  
11401 NW 12th ST

3. Mailing Office Address

Suite, Apt. #, etc.  
Ste 380

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State

Zip Country  
33172

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1080781

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  
Charles Amse

Street Address (P.O. Box Number is Not Acceptable)  
11401 NW 12th St

Suite, Apt. #, Etc.  
Ste 380

City  
Miami

State Zip Code  
FL 33172

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]*  
REGISTERED AGENT MUST SIGN

Date 1/27/05

**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
D	Charles Amse	11401 NW 12th St Ste 380	Miami, FL 33172

500046285615  
02/10/05--01002--008 \*\*1050.00

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

1/27/05  
Date

954455-8575  
Daytime Phone #

**FILED**

05 JAN 28 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03-05

MRS

CR2E081 (01/05)