PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P3 10F2



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 MAR 20 AM 10: 33

NO							SECRETARY OF STATE FALLAHASSEE, FLORIDA				
DOCUMENT # PO1000049509 1. Corporation Name							Ţ	ăllahāssi	E FLORI	DA DA	
ALL	DESI	GN SYSTE	EMS, I	NC.							
2. Principa	al Office Addres		3. Mailing	Office Ade		 	4				
				<u> </u>	w 12	7 st	1				
Surte A City & State City &			City & State				4. Date Incorporated or Qualified To Do Business in Florida 6 - 22 - 2001				
Miam: FL Zip Country			Miami FL						Applied For		
33/8		Minni Dade	33/7	76	MIHN	n. D40e	6. CERTIFICAT	TE OF STATUS DE	SIRED [MS Addition	al Reeregulice ale of Status
			7.	Name and		Current Register	· · · · · · · · · · · · · · · · · · ·				
	Street Addre	EDVARDO ss (P.O. Box Number is No 10541 Sw Etc.	ot Acceptable)	Rdo)					18012 p Code	530 **300.	
8. 1, being a	appointed the re	egistered agent of the above	e named corns	vation an	familiar with				3176		
Signature of Registered A	/	How (GISTERED AG			and accept the of	Dilgations of sect		617.0503, F.S). 	
9. Names a	and Street Add	esses of Each Officer and	or Director (Flo	rida nonp	rofit corporatio	ns must list at lea	ast 3 directors)	 	" 		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
PD	CARdona Edvardo			10541 SW 127 st			MIAM: F/ 33176				
/PD	LEM.	4 SANTIA	60	1900	S. TR	EASURE	DR. #SP				
SD	Villan	MIZAR EL	5.4			127 st		Man]
1								1			[1

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:

3-/4-03 786-443-3854 Date Daytime Phone #

ALL DESIGN SYSTEMS INC 10541 SW 127 ST MIAMI, FL33176

March 3, 2003

TO: Department of State **Division of Corporations**

We did not receive the renewal of our Corporation for the years of 2002 and 2003. Therefore I'm requesting the Department of Corporations to please reinstate my Corporation and waive all penalties that may apply.

Thank you,

Eduardo Cardona

President