PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE. **APPLICATION** HIFD Jim Smith **FOR** Secretary of State REINSTATEM DIVISION OF CORPORATIONS 02 NOV -1 AM 8: 16 P01000062577 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name SOUTHERN STYLE DESIGN, INC. Principal Place of Business Mailing Address 2582-NW-23RD-WAY 2582 NW 23RD WAY-BOCA RATON FL 33431 BOGA RATON PL 33431 Bangan Blue 2889 bu, 17 33431 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 13. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 06/22/2001 Suite, Apt. #, etc. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director 2 3 2582 NW 23RD WAY 2 889 NW RUSSO, ANDREW JR. **BOCA RATON FL 33431**

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| D | REID, LYNNDEE | 2582 NW 23RD WAY RAWAN BULL BOCA RATON FL 33431 |
| | | 900008765339 11/01/02 01104 -004 **150.00 |
| | | |
| | 8. Name and Address of Current Registered Ag | ent 9. Name and Address of New Registered Agent |
| 2582 | LYNNDEE NW 23RD WAY RATON FL 33431 | Street address (B-Q. Boxylumber is Not Addeptable) Suite Apt. #, Etc. |

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.

10. I, being appointed the registered agent of the above named porporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

SIGNATURE:

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

State



Department of State, Please be advised that Aguade Reid moved from the address of 2582 NW 23RD way and the new business address x Marling address for Southern Syle Designs is 2889 new Bangan Aled. Dans will be the plemant address of Southern Style Designs. We Ad not secreve the two PAION UBA notices. Eaclosed is a check for \$15000 Please process. Saank you Clendrew Kunt