

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 OCT 30 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076742

1. Corporation Name

DESIGN CYCLE, INC.

Principal Place of Business

454 TIGER HAMMOCK RD.  
CRAWFORDVILLE FL 32327

Mailing Address

454 TIGER HAMMOCK RD.  
CRAWFORDVILLE FL 32327



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/2001

5. FEI Number

59-3735307

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLANKEMEYER, KURT R	454 TIGER HAMMOCK RD.	CRAWFORDVILLE FL 32327

200008701452  
10/30/02--01085--008 \*\*150.00

8. Name and Address of Current Registered Agent

BLANKEMEYER, KURT R  
454 TIGER HAMMOCK RD.  
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Kurt R. Blankemeyer*  
REGISTERED AGENT MUST SIGN

Date

October 28, 2002

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:

*Kurt R. Blankemeyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 28, 2002

Daytime Phone #

(850) 545-7995 call  
day (850) 575-0176  
(850) 926-8372

CR2E040 (8/02)

**Design Cycle Inc.**

454 Tiger Hammock Road, Crawfordville, FL 32327

PH: (850) 926-8372/ Fax: (850) 926-8372

kurtblankemeyer@hotmail.com

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October 28<sup>th</sup>, 2002

**Florida Department of State**

Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

PH: (850) 245-6059

PH: (850) 488-9000

Dear Dept. of State,

Design Cycle Inc. did not receive the previous two notices for annual filing of the corporation fees to the state of Florida. Regrettably, Design Cycle did not pay the fee due to not receiving the previous notices. Therefore, Design Cycle is enclosing a check for the annual corporation filing fees of \$150 for Design Cycle Inc. (a for-profit company).

To eliminate or reduce the possibility of not receiving mailings in the future, please use the address and contact information listed above. If there are any problems, please call me at (850) 545-7995 (cell) or (850) 575-0176 x239 (daytime) or (850) 926-6096.

Any questions or concerns, please do not hesitate to call. Thank you.

Sincerely,



Kurt Blankemeyer

*President, Design Cycle Inc.*