*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 NOV 18 PM 12:55

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099327

1. Corporation Name
COSMOPOLITAN DESIGNERS, INC.

Principal Place of Business	Mailing Address
6073 ISLANDWALK BLVD. NAPLES FL 34119	6073 ISLANDWALK BLVD. NAPLES FL 34119

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
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/2001

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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
PRES.	ROBERT R. STECKENRIDER	6073 ISLANDWALK BLVD	NAPLES, FL 34119
SEC'Y	SUSAN STECKENRIDER	6073 ISLANDWALK BLVD	NAPLES, FL 34119

8. Name and Address of Current Registered Agent

STECKENRIDER, ROBERT R
6073 ISLANDWALK BLVD.
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name: SAME
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: X Robert R. Steckenrider Date: X
REGISTERED AGENT MUST SIGN

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: X Robert R. Steckenrider 10/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF EMBRING OFFICER OR DIRECTOR — Date — Daytime Phone #

01E070 AT

jr 11/21

TAYLOR C. SCOTT CPA, P.C.

Certified Public Accountants

11916 Manchester Road • St. Louis, MO 63131-4501 • 314-984-9829 • Fax 314-984-9828 • e-mail scottcpa@scottcpa.com

Taylor C. Scott, CPA
Stephen P. Scott, CPA
Michael A. Scott, CPA

FAX TRANSMISSION

DATE: 11/11/02 ***TIME:*** _____ ***FAX NO:*** 239-591-0725

TO: BOB STECKELRIDER

FROM: TAYLOR SCOTT

NUMBER OF PAGES (INCLUDING COVER): _____

MESSAGE: SIGN & Date BEFORE MAILING

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OPERATOR: _____