


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>07 SEP 17 PM 12:20</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>P01000099327</u> <b>1. Corporation Name</b> <u>COSMOPOLITAN DESIGNERS</u>					
<b>2. Principal Office Address - No P.O. Box #</b> <u>6073 ISLANDWALK</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>11916 MANCHESTER</u> Suite, Apt. #, etc.		<b>REINSTATEMENT</b> <u>24-07</u>	
<b>City &amp; State</b> <u>NAPLES FL</u>		<b>City &amp; State</b> <u>ST LOUIS, MO</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>2007</u>	
<b>Zip</b> <u>34119</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>63131</u>	<b>Country</b> <u>USA</u>	<b>5. FEI Number</b> <u>74-3051870</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> <u>ROBERT R STECKENRIDER</u> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>6073 ISLAND WALK BLVD</u> Suite, Apt. #, Etc. <b>City</b> <u>NAPLES</u>				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>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.</b> <b>Signature of Registered Agent</b> <u>Robert R Steckenrider</u> <b>REGISTERED AGENT MUST SIGN</b>				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Title</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
CEO	Robert R. Steckenrider	6073 ISLANDWALK	NAPLES FL 34119		
Pres	Susan H. Steckenrider	6073 ISLANDWALK	NAPLES FL 34119		
SECTY	KATHKYN E. DEHLENDORF	15909 PICARDY MEADOW CRT	CHESTERFIELD, MO. 63017		
<u>9/17</u>				400109696954 09/20/07--01020--008 **\$800.00	
<b>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 contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Robert R Steckenrider</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>7/30/07</u> <u>7/25/07</u>		<u>314-495-4409</u> Daytime Phone #	