


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 JAN 13 AM 9:45																													
DOCUMENT # <u>PD1000105466</u>																																	
1. Corporation Name <u>Design Assemblies Inc</u>																																	
2. Principal Office Address <u>1355 Bennett Dr.</u> Suite, Apt. #, etc. <u>Suite 141</u> City & State <u>Longwood FL</u> Zip <u>32750</u> Country <u>USA</u>			3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country																														
4. Date Incorporated or Qualified To Do Business in Florida			5. FEI Number <u>59-3753206</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																														
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status																														
7. Name and Address of Current Registered Agent																																	
Name <u>Spiegel & Utrera, P.A.</u> <u>300009767193</u>																																	
Street Address (P.O. Box Number is Not Acceptable) <u>1840 SW 22nd St, 4th Floor</u> <u>12/31/02-01047-014 **500.00</u>																																	
Suite, Apt. #, Etc. 																																	
City <u>Miami</u>				State <u>FL</u>	Zip Code <u>33145</u>																												
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.																																	
Signature of Registered Agent _____ Date _____																																	
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td><u>President</u></td><td><u>Billy Willier</u></td><td><u>1355 Bennett Dr. #141</u></td><td><u>Longwood, FL 32750</u></td></tr><tr><td><u>Secretary</u></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>President</u>	<u>Billy Willier</u>	<u>1355 Bennett Dr. #141</u>	<u>Longwood, FL 32750</u>	<u>Secretary</u>																			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
<u>President</u>	<u>Billy Willier</u>	<u>1355 Bennett Dr. #141</u>	<u>Longwood, FL 32750</u>																														
<u>Secretary</u>																																	
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: <u>Billy Willier</u> <u>12/30/02</u> <u>407-834-5631</u>																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

CR2E081 (9/01)

Design Assemblies Inc
1355 Bennett Dr
#141
Longwood, Fl 32750
Phone: 407-834-5631
Fax: 407-834-5831

~~TO: Whomever it May Concern~~

From: Bill Willier

RE: Corporate Filing

WE have never received documents until today for filing with the state and would request that you please waive any late fees or reinstatement charged for getting our company re-established. The location where we were was fairly new and we have had several problems of this nature in the past 12 months. So please use this check to pay for 2002 and 2003

~~Thank you~~


Bill Willier
President