

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 PM 2:40

DOCUMENT # P01000106179

**1. Corporation Name**

Hospitality Design Source, Inc.

**2. Principal Office Address**

5000 SW 75 Ave

Suite, Apt. #, etc.

115

City &amp; State

Miami, FL

Zip

33155

Country

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/2002

**5. FEI Number**

65-1155930

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒\$8.75 Additional Fee required  
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Stanley Shockley

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

3564 Royal Palm Ave

Suite, Apt. #, Etc.

City

Coconut Grove

State  
FL

Zip Code

33133

**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

REGISTERED AGENT MUST SIGN

Date

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Stanley Shockley	3564 Royal Palm Ave	Coconut Grove, FL 33133

100069060191  
03/30/06--01054--018 \*\*476.25

**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.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 668-3000

3/13/06

2072

# Hospitality Design Source

5000 Southwest 75<sup>th</sup> Avenue

Miami, Florida 33155

Ph: 305 668-3000 Fax 305 668-3500

March 1, 2006

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Corporation Reinstatement. P01000106179

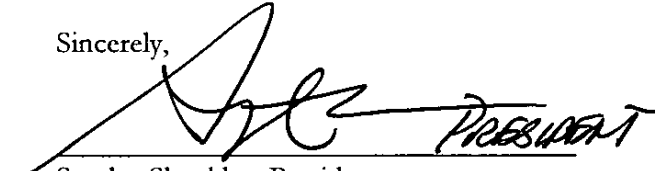
Please allow this letter to serve as a request to waive the reinstatement fee for Hospitality Design Source, document locator #P01000106179. Upon organizing our records for 2005 taxes we have determined that this corporation has become inactive as of October of 2004. It appears that we never received the annual report notices for 2004, 2005 or 2006.

We have enclosed a check in the amount of \$476.25 to bring us up to date through 2006. It includes the following:

	<u>2004</u>	<u>2005</u>	<u>2006</u>	<u>Total</u>
Annual Report Fee	\$61.25	\$61.25	\$61.25	
Corporate Supplemental Fee	\$88.75	\$88.75	\$88.75	
Certificate of Status	<u>8.75</u>	<u>8.75</u>	<u>\$ 8.75</u>	
	\$158.75	\$158.75	\$158.75	\$476.25

Thank you.

Sincerely,

  
Stanley Shockley, President