

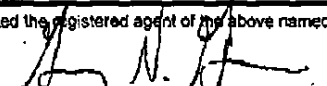

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P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 41

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000000845			
1. Corporation Name LAUREN DESIGN GROUP, INC.			
2. Principal Office Address 617 Northlake Blvd.		3. Mailing Office Address 617 Northlake Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Palm Beach		City & State North Palm Beach	
Zip 33404	Country USA	Zip 33404	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/03/2002		5. FEI Number 65-0475999	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		38.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Gary N. Gerson			
Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.			
Suite, Apt. #, Etc. Suite 1200			
City West Palm Beach		State FL	Zip Code 33401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent:  Date October 24, 2002 REGISTERED AGENT MUST SIGN			
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
P/S/T/D	Michael V. Laurenzano	617 Northlake Blvd., Suite 208	North Palm Beach, FL 33404
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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: 		Michael V. Laurenzano, President 09/04/03 (561) 841-2552	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LYOCCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 686-5442

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CORPORATION REINSTATEMENT

LAUREN DESIGN GROUP, INC.

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