

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000001964**

1. Corporation Name

**DESIGN CONSULTING GROUP, INC.**

REINSTATEMENT **03**

Principal Place of Business

Mailing Address

252 POINCIANA DR.  
SUNNY ISLES BEACH FL 33160

252 POINCIANA DR.  
SUNNY ISLES BEACH FL 33160



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**47-0848388**

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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
D	CAPLAN, SHEILA	252 POINCIANA DR.	SUNNY ISLES BEACH FL 33160

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPLAN, SHEILA  
252 POINCIANA DR.  
SUNNY ISLES BEACH FL 33160

Name

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

*SIGNATURE*

Date

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:

*SIGNATURE*  
*Sheila Caplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/10/03* *305-944-1432*  
Date Daytime Phone #

CR2E040 (7/03)



252 POINCIANA ISLAND DRIVE - SUNNY ISLES BEACH - FLORIDA 33160

October 10, 2003

Florida Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

On January 22, 2003 we responded to your letter of January 15<sup>th</sup> Reference **P02000001964** indicating that our annual report had not been filed claiming that it was missing the FEI number. Included in our letter of the January 22<sup>th</sup> was a copy of the **UBR** form which clearly showed the **FEI # 47-0848388** appearing in the appropriate box.

Although we responded to your request and supplied an additional copy of the **UBR** report we have received notification of the dissolution / revoked status of the corporation.

We therefore are requesting that you return the corporation to active status and waive the Reinstatement fee. Your attention to this matter will be greatly appreciated.

Sincerely yours,

Sheila Caplan, Director

Telephone 305 944 1422 Fax 305 949 3116