## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

04 JUL 13 AM 8:00

## DOCUMENT # P020000 10071

1. Corporation Name

PREMIER DESIGN GROUP INC.

Mailing Address

Principal Place of Business

2350	0 NE 135 ST #	808	2350 N	E 1.	35°51	#8	જ ક				'		
NORT	H MIAMI FL 33	181						STAT	EMEN	TO	3-04		
If above addresses are incorrect in any way, line through incorrect information and enter ct  2. New Mailing Address, If Applicable  3. New Principal Office Address, If						<u>w.  </u>	Date Incorp	DO NOT W	RITE IN THIS SPA	CE //	7KD		
· · · · · · · · · · · · · · · · · · ·							To Do Business in Florida						
<u>,</u>		Suite, Apt. #, etc.					5. FEI Number			Applied For			
City & State			& State				Not Applica						
Zip Country Zip			Country				CERTIFICATE OF STATUS DESIRED 58.75 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)													
Titte(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I				City / Sta			te / Zip			
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8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent							
MINERVA REGO					Name g.								
3301 NE-54 AVE #1214				Street Address (P.O. Box Number is Not Acceptable)									
MIAMI FL 33137.					Suite, Apt. #, Etc.								
					City State Zip Code FL								
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.  Signature of Registered Agent X Date 14/04  REGISTERED AGENT MUST SIGN													
11 If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)													
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)													
13. I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer of 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 this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. 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:													
SIGNA		MIED NAME OF	SIGNING OFFICER	OP DIE	ECTOR		!	Data	Davi				