

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000011596

1. Entity Name  
TADESIGN, INC.



FILED

07 JAN -3 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5710 MARGATE BLVD  
MARGATE, FL 33063

Mailing Address  
4867 SW 34TH AVE  
FT LAUDERDALE, FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3594933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIYAZOV, ISAAK  
5710 MARGATE BLVD  
MARGATE, FL 33063

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/18/06

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME NIYAZOV, ISAAK  
STREET ADDRESS 5710 MARGATE BLVD  
CITY-ST-ZIP MARGATE, FL 33063

TITLE STD ☐ Delete  
NAME NIYAZOV, NADEZHDA  
STREET ADDRESS 5710 MARGATE BLVD  
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 500082987835  
STREET ADDRESS 01/03/07--01052--005 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/06

Date

954-968-7747

Daytime Phone #

K. Eckel JAN 03 2007

*Gary L. Gerstenfeld, CPA, P.A.*

Certified Public Accountant  
739 N.W. 105 Drive  
Coral Springs, FL 33071

(954) 346-7622  
(800) 618-7677

Fax: (954) 346-3212

2/2

October 31, 2006

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

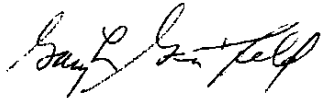
Gentlemen:

My client, Tadesign, Inc., document # P02000011596, has requested that I respond on their behalf to the notice of dissolution or revocation.

My clients are an immigrant family running a small business. They pay their bills timely even though their business has been in a drastic downward spiral. A penalty of the magnitude of this would be quite devastating particularly when one considers that they rely on advisors to get through the red tape of business. Their former accountant, now retired to Idaho, used to handle this filing for them as they do not have any computers in their place of business. If the postcard came in, he went on line to download forms or to make payment. This was not done this year. However, my clients were unaware of the situation until this notice was received.

A check is enclosed for the \$ 150.00 filing fee that should have been paid by May 1. We request a hardship waiver this one time for the penalty. Any consideration that can be afforded will be much appreciated.

Very truly yours



Gary L. Gerstenfeld