PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PO2000022675

FILED

03 DEC 17 AM 11:54

1. Corporation Name							SECRETARY OF STATE FALLAHASSEE, FLORIDA				
DESIG	NER SU	RFACE CONCE	EPTS, INC	•					z nom		
Principal P	ace of Busine	988	Mailing Addr	ess			REIN	STATEN	ENT 07	,	
3309 14TH LEHIGH ACI	st. W Res FL 33971			3309 14TH ST. W LEHIGH ACRES FL 33971							
If above a	ddresses are	incorrect in any way, line t	hrough incorrect in	nformation a	and enter co	rrection below.	1 C 12/16) 0002553 703-01081-0	19971 108 **150.00)	
		Address, If Applicable	3. New Mail	3. New Mailing Office Address, if A			Date Incorporated or Qualified To Do Business in Florida 02/28/2002				
Suite, Act.		US 41 Rd Su	Suite, Apt. #,	Suite, Apt. #, etc. 9 Suit + 9			5. FEI Numbe			ed For	
Bon	rita Spr.	ings , FC	LSor	17AS	Pring	s,FC	6.	0728-	S8.75 Additional F	Applicable ^ ^	
34135 Gentry Lee		34135	Zip 24135 Cou		ce	CERTIFICATE OF STATUS DESIRED (a for a Certificate of Status					
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonpro			_ 		·		
Title(s)	2	Name of Officers and/or Directors		•			eet Address of Each icer and/or Director		City / State / Zip		
-D	BROCKER, GREGORY SCOTT			3309 14TH ST. W				LEHIGH ACRES EL 33971			
D	BROCKER,	ROGER WILLIAM		3300 14TH ST. W				LEHIGH ACRES FL 33971			
P/5	Broc	Ker, Gregor	1.5coTT	1520	0/ 50	NOMA OK	# 105	FT MYEA	25 FL 33	3908	
V/T		cor, Roger							CITY FL 3		
·/	()/OC	cor , noger	<u>ו וַנְּהַ וּאַן וַ עַּאַ</u>	277	, ,,,,,,,	THE PY	<u> </u>	J, J, Z, Z, Z		-2750	
<u></u>		 					<u></u>		,		
.	8. Nam	e and Address of Curren	t Registered Age	nt	9. Name and Address of New Registered Agent						
PROOVER OREGORY GOOT							Name Brocker, Gregory Scott				
	4TH ST. W					Street Address (P.O. Box Number is Not Acceptable)					
	ACRES FL				Suite Apt. 1, Etc.	<u> </u>	<u></u>				
					t	City Fort 1	nyers		State Zip Code	308	
10. I, being	appointed the	e registered agent of the at	pove named corpo	ration, am f	familiar with	and accept the ol	oligations of Secti	ion 607.0505, F.S. or 6	17.0505, F.S.		
Signature o Registered	Agent	De la companya de la	REGISTERED AG	ENT MUST	SIGN			Date	-27-03		
this reins owed by	statement app the corporati	officer or director or the recollication, the reason for dis- tion have been paid and the rue and accurate and my s	solution has been names of individ	eliminated, uals listed o	the corpora on this form	te name satisfies do not qualify for	the requirements an exemption und	of section 607.0401 or	617.0401, F.S., that a	Il fees	
		- 11	7							1	

11-27-03 Daylime Phone

greg corporation

Designer Surface Concepts Inc. 24951 Old US 41 Road Suite 9 Bonita Springs, Florida 34135 1-239-948-1508

Florida Department of State Division of Corporations

To whom it may concern,

I have received the certificate of administrative dissolution or revocation notice for my corporation, unfortunately I never received my renewal notice for this corporation. I have enclosed a check for 150.00, per the instructions on the recording I heard. Please accept the check and reinstate the corporation as I never intended for it to become inactive. Please also note that our office has moved, our new address is posted at the top of this letter.

Sincerely,

Greg Brocker

President Designer Surface Concepts, Inc.