

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 17 PM 1:00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

FD2 000085702

**1. Corporation Name**

Designer Shop, Inc.

**2. Principal Office Address**

8073 SW 118 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

**3. Mailing Office Address**

8073 SW 118 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33183

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

02-0637216

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☐ \$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

05-06

**7. Name and Address of Current Registered Agent**

Name

Jennifer M. Barakat

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

8073 SW 118 CT

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33183

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date

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	Toni A. Gemayel	8073 SW 118 CT	Miami, FL 33183
VP	Jennifer M. Barakat	8073 SW 118 CT	Miami, FL 33183

**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 names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 12, 2006

DIVISION OF CORPORATIONS  
REINSTATEMENT DEPARTMENT  
P.O. BOX 6327  
Tallahassee, FL. 32314

**Ref: DESIGNER SHOP, INC.  
FEIN 02-0637216**

Dear sirs:

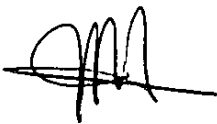
**DESIGNER SHOP, INC.**, already sent you its Annual Report on April 14<sup>th</sup> with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on May 15<sup>th</sup> or 16<sup>th</sup> asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, after verifying my corporation is inactive I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'JMB', with a horizontal line drawn through the middle of the letters.

JENNIFER M. BARAKAT  
**DESIGNER SHOP, INC.**