

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 10 AM 8:00

DOCUMENT # P02000119099

**1. Corporation Name**

Absher Design Group, Inc.

5625 Strand Blvd.

5625 Strand Blvd.

**2. Principal Office Address**

5625 Strand Blvd.

**3. Mailing Office Address**

5625 Strand Blvd.

Suite, Apt. #, etc.

Suite 504

Suite, Apt. #, etc.

Suite 504

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

US

Zip

34110

Country

US

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

11/04/2002

**5. FEI Number**

01-0751047

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Marc F. Oates, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
10001 Tamiami Trail North

Suite, Apt. #, Etc.

Suite 119

City

Naples

State

FL

Zip Code

34108

**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]*  
REGISTERED AGENT MUST SIGN

Date

5-21-04

**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
PVST	Lisa Cataldo-Absher	5871 Spanish Oaks Lane	Naples, FL 34119
D	Lisa Cataldo-Absher	5871 Spanish Oaks Lane	Naples, FL 34119

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04 239-596-4770

Date

Daytime Phone #

CR2E081 (01/04)



10001 Tamiami Trail North . Ste 119 . Naples . Florida . 34108  
Telephone . (239) 593-3174 . Facsimile . (239) 593-3173

May 21, 2004

**Via Federal Express**

Department of State  
Division of Corporations  
Attn: Reinstatement Dept.  
409 East Gaines St.  
Tallahassee, FL 32399

<b>Re:</b>	<b>Entity:</b>	<b>Absher Design Group, Inc.</b>
	<b>Matter:</b>	<b>Corporation Reinstatement</b>
	<b>Document No.:</b>	<b>P02000119099</b>

To Whom It May Concern:

With regard to the above-referenced entity and matter, enclosed please find our client's check in the amount of \$300.00 that represents payment for reinstatement for years 2003 and 2004. Please allow this correspondence to confirm that our client has never received a uniform business report from your department since the incorporation of this entity on November 4, 2002. Therefore, pursuant to my telephone conversation with your department, it is our understanding that this letter and the enclosed payment amount comply with the waiver of reinstatement fee.

If you are unable to process this request, please contact this law office immediately. Should you have any questions, please do not hesitate to contact me to discuss.

Very truly yours,

Marc F. Oates, Esq.

Enclosures as stated