1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 APR 6 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000060516

1. Corporation Name

fauxnominal wall ~~designs~~ designs Inc;

2. Principal Office Address		3. Mailing Office Address	
1813 nw 126 way		1813 nw126 way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: coral springs fl,		City & State: coral springs fl,	
Zip: 33071	Country: us	Zip: 33071	Country: us

REINSTATEMENT 900070959148 04/19/06--01034--004 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: june 2,2003

5. FEI Number: 20-1256748 — ☐ 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: joanne marchese

Street Address (P.O. Box Number is Not Acceptable): 1813 nw 126 way

Suite, Apt. #, Etc.:

City: coral springs, State: FL Zip Code: 33071

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: Joanne Marchese — REGISTERED AGENT MUST SIGN — Date: 3-6-06

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
	president		
	JoanneMarchese	1813 NW126WAY	CoralSpringsFL33071

900070959148
04/19/06--01034--004 **300.00

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: Joanne Marchese 3-6-06 954-227-3424

B. Mitchell APR 10 2006

ID # 20-125 6748

3-5-06.

To Whom it may Concern;

I Joanne Marchese called in on my Corporation to find out why it hasn't been reinstated. Since I never received a rejection letter for any of the years. Therefore this company never got incorporated. I spoke with customer representive who was helpful and told me to send this letter with $300.00 for 04+05.

Thank You

Joanne Marchese