

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -5 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000073723

1. Corporation Name

Persephone Designs, Inc.

2. Principal Office Address

490 35th Avenue N

Suite, Apt. #, etc.

3. Mailing Office Address

490 35th Ave N

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

Country

33704 USA

City & State

St Petersburg, FL

Zip

Country

33704 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0157305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

07/12/04 90019 007 150.00

7. Name and Address of Current Registered Agent

Name

Sonya Faulhaber

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

490 35th Avenue N

Suite, Apt. #, Etc.

City

St Petersburg

State
FL

Zip Code

33704

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

Sonya Faulhaber

REGISTERED AGENT MUST SIGN

Date

10/27/04

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
D	Sonya Faulhaber	490 35th Ave N	St Petersburg, FL 33704
D	Fritz Faulhaber	14881 Evergreen Ave	Clearwater, FL 33762

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:

Sonya Faulhaber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/04

Daytime Phone #



Brenda R. Driggers, CPA, PA

To whom it May Concern:

I am writing regarding the enclosed reinstatement application for Persephone Designs, Inc. As a result of prior correspondence with your office, it has come to my attention that Persephone Design was dissolved due to not responding to a correspondence from your office on July 14, 2004. The officer's of the corporation have no knowledge of receipt of this form from your office. They believed up until recent correspondence that they were in compliance with the state. They filed the annual report and paid the fee associated with the report. The check cleared the bank on July 16, 2004. We are requesting you waive the \$600 reinstatement fee, as the officers did not receive the necessary information.

If you have any questions, please call me.

Sincerely,

Brenda Driggers
Brenda Driggers