

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -5 AM 11:15
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

500091537305
03/07/07--01015--021 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

DOCUMENT # P04000081605
1. Corporation Name
LAYER M. DESIGN, INC.

2. Principal Office Address - No P.O. Box # 1172 S. DIXIE HWY Suite, Apt. #, etc. SUITE 534 City & State CORAL GABLES Zip 33146		3. Mailing Office Address 1172 S DIXIE HWY Suite, Apt. #, etc. SUITE 534 City & State CORAL GABLES Zip 33146	
Country	Country	Country	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 20-1191811	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARILET PRETORIUS

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

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33146

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ 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	MARILET PRETORIUS	418 BIANCA AVENUE	CORAL GABLES, FL 33134

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: M. Pretorius
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/28/2007 Daytime Phone # 305-510-9505