

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 19 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500104945525
06/27/07--01055--004 **300.00

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000117582

1. Corporation Name

FLa Design Team, Inc.

2. Principal Office Address - No P.O. Box #
5139 Manatee Ave W

3. Mailing Office Address
7500 40th Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip
34209

Country
USA

Zip
34209

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/04

5. FEL Number
57-1211279

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
Gale O'Brien

Street Address (P.O. Box Number is Not Acceptable)
7500 40th Ave W

Suite, Apt. #, Etc.
#201

City
Bradenton

State
FL

Zip Code
34209

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

Gale O'Brien
REGISTERED AGENT MUST SIGN

Date 4-20-07

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 | Gale O'Brien | 7500 40th Ave W, #201 | Bradenton, FL 34209 |
| D | Gale O'Brien | 7500 40th Ave W, #201 | Bradenton, FL 34209 |
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| | | | |

REINSTATEMENT 06-07

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:

Gale O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07
Date

Daytime Phone #