PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			8	DEPAR* Secretary SION OF CI	y of S				FILED L-7 PM 4: 43	
DOCUMENT # P06000024700 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA		
HUTS UNLIMITED DESIGN, INC								20 07/07	001582 7/0901019	206712 9009 **450.00	
2. Principal Office Address - No P.O. Box# 320 Windley Rd				3. Mailing Office Address same				REINSTATEMENT 07-69 CR2E081 (12/08)			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					porated or Qualified	02/07/2006	
City & State Key Largo, FI.				City & State			To Do Business in Florida U2/07/2006 5. FEI Number Applied For				
Zip 33037	Country		Zıp		Coun	try	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status			
00001		7 Nor	ne and Address o	Current Begin	tered Agen					tor a Certificate of Status	
7. Name and Address of Current Registered Agent Name Jorge L Martinez							☑ 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.				
Street Address (P.O. Box Number is Not Acceptable) 320 Windley RD											
Suite, Apt. #, Etc.											
City Key Largo					State Zip Code 33037			. 188 08 Walved.			
8. I, being	appointed the	register	ed agent of the abo	ve named corpo	ration, am f	amiliar ı	with and accept the c	bligations of secti	ion 607.0505 or 617	.0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 07/02/2009			
9. Names	and Street A	idresses	of Each Officer and				orations must list at le	east 3 directors)			
Titles			Name of rs and/or Directors	Street Address of Eac Officer and/or Direct			h	City / State / Zip			
Pres	Jorge L.	Martin	ez	320 Windley RD			Key Largo, Fl. 33037				
Delete	Roberto L. Lucas (VP)										
Delete	Alynne P		,								
						And I					
					9 1/14						
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.											
SIGNA	TIIDE: (1/6	ral 7	Min	Zann	ae I	Martinez (Pres	sident)	07/02/09	(305)525-6896	
ANDIC	SI	NATURE	AND YPED OR PR	INTED NAME OF	BIONING OF	FICER O	R DIRECTOR		Date	Daytime Phone #	