

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 JUL 21 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000154977

1. Corporation Name

DESIGNS BY DESHAWN INC.

900132373849  
07/07/08--01060--014 \*\*755.00

900132373849  
07/24/08--01027--012 \*\*145.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

722 West Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

13300 Alexandria Dr  
Suite, Apt. #, etc.

City & State

Hollandale FL 32

City & State

Miami FL

Zip Country

33009 Broward

Zip Country

33054 Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danny Williams

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

1935 Jefferson Street

Suite, Apt. #, Etc.

101

City

Hollywood

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Danny Williams

REGISTERED AGENT MUST SIGN

Date 7/16/08

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
VP	Anthony Minott	528 E 58th street	Hollywood, FL 33024
EX-DIR	Joe McWhite	831 Lee street	Hollywood, FL 33020
owner	Deshawn Daniels	13300 Alexandria Drive	Miami, FL 33054

07/07/08 01060 014

\$755.00

9/8

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: Deshawn Daniels / Owner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08  
Date

954-294-3126  
Daytime Phone #