

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>DOCUMENT # P92000011826</p> <p>1. Corporation Name ARQUIS DESIGN GROUP, INC.</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> <p style="text-align: center;">FILED 90 AUG 28 PM 4: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="text-align: center;">800002630428--S1 -09/01/98--01068--006 ***1208.75 ***1208.75</p>																																	
<p>Principal Place of Business -6175 NW 153 ST SUITE 230 MIAMI LAKES FL 33014 US-</p>		<p>Mailing Address 155 NW 156 STREET MIAMI FL 33169</p>																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																			
<p>2. New Principal Office Address, If Applicable 155 N.W. 156 STREET Suite, Apt. #, etc.</p>		<p>3. New Mailing Office Address, If Applicable 155 N.W. 156 STREET Suite, Apt. #, etc.</p>																																	
<p>City & State MIAMI FLORIDA Zip 33169 Country U.S.A.</p>		<p>City & State MIAMI, FL Zip 33169 Country U.S.A.</p>																																	
DO NOT WRITE IN THIS SPACE																																			
<p>4. Date Incorporated or Qualified To Do Business In Florida 12/14/1992</p>		<p>5. FEI Number 65-0379347</p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> S8 75 Additional Fee required for a Certificate of Status</p>		<p>Applied For Not Applicable</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:30%;">3</th> <th style="width:30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PS</td> <td>SANCHEZ, ELIZABETH</td> <td>155 NW 156 STREET</td> <td>MIAMI, FL 33169</td> </tr> <tr> <td>VT</td> <td>LA FOREST, LEONARD J</td> <td>5075 S.W. 74 TERRACE, SUITE 12-1655 S.W. 18 STREET</td> <td>SOUTH MIAMI FL 33143- MIAMI, FL</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PS	SANCHEZ, ELIZABETH	155 NW 156 STREET	MIAMI, FL 33169	VT	LA FOREST, LEONARD J	5075 S.W. 74 TERRACE, SUITE 12-1655 S.W. 18 STREET	SOUTH MIAMI FL 33143- MIAMI, FL																
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<p>8. Name and Address of Current Registered Agent</p> <p>SANCHEZ, ELIZABETH 155 NW 156 STREET MIAMI FL 33169</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL</p>																																	
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <u><i>E. Elizabeth Sanchez</i></u> Date 8.24.98 REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <u><i>E. Elizabeth Sanchez</i></u> ELIZABETH SANCHEZ 8.24.98 305-947-7840</p>																																			