PLEASE RE	<u>AD ALL INSTI</u>	<u>RUCTIONS</u>	BEFORE (OMPLETING THIS FORM.	
APPLICATION CASE	FLORIDA	DEPARTME	NT OF STATE		
)	S	andra B. Mor	rtham 🏌		
FOR AV		Secretary of S	State		
REINSTATEMENT		ISION OF CORPO	RATIONS /	FILED	
DOCUMENT # P93000 14293					
1. Corporation Name				00 JAN -3 PM 2: 59	
1. Corporation Name			/		
	•		/	SECRETARY OF STATE	
Design 68 Homes, Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business .	Mailing Addres	ss		1 .	
			/		
10158 NW 66 Drive / 10158 NW 66 Drive /					
Parkland, FL 33076 Parkland, FL 33076			76	DETAILSTATE	
If above addresses are incorrect in any way,	line through incorrect info	ormation and enter	correction below.	REINSTATEMENT 98	
New Principal Office Address, If Applicable		g Office Address, If		Date Incorporated or Qualified	
Deita Ana Hand	Suito Apt # o	Curto Ant # ata		To Do Business in Florida	
Suite, Apt. #, etc.	uite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied Fo	
City, & State	City&:State			_65_64-6-1-836- Noi Applic	
ZipCountry	Zip	Countr	<u>y ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	6. Edibar delimenta - 22	
				CRITICALE OF STATUS DESIRED 1:3	
7. Names and Street Addresses of Each Office				· · · · · ·	
Title(s) and/or Directors			eet Address of Each ficer and/or Director	r City / State / Zip	
2 3 (Do		3 (De NOT U	se Post Office Box N	Numbers) 4	
Eric Laakso		10158 NW 6	66 Drive	Parkland, FL 33076	
0					
V.P. Debra Laakso		10158 NW 6	66_Orive	Parkland, Ft. 33076	
			DIIVO		
				900003096669	
	}		-	-01/12/0001093019	
			•	****300.00 ****300.00	
	ļ				
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		
			Name		
Legal-Information-Se	rvices. Inc.		Street Address (F	P.O. Box Number is Not Acceptable)	
1290 Weston Road, Ste 300			Suite, Apt. #, Etc		
Fort Lauderdale, Florida 33326			Outto, rept. ii, Etc		
			City State Zip Code		
10. I, being appointed the registered agent of	the above samed coroora	ation, am familiar wi	ith and accept the o		
(, 11 .	Die	0 . 1.	, de Le	200 11/20/00	
Signature of Registered Agent) / XXL	LENG SIGN	1 Int	amaton Date 4/80/99	
	REGISTERED AGE	MI MOST SIGNIV	7.7	5/20	
11. This corporation owes	or has paid the	current yea		(See other side for information on intangible tax.)	
Intangible Personal Pro			Yes L	No L	
12. I certify that I am an officer or director or th		wrt aratheres, ***		provided for in chapter 607 or 617, F.S. I further certify that when filing	
this reinstatement application, the reason for	or dissolution has been e	liminated, the corpo	prate name satisfies	the requirements of section 607.0401 or 617.0401, F.S., that all fee	
owed by the corporation have been paid a on this application is true and accurate, and	no the names of individual d my signature shall have	ars listed on this for the same legal effe	m do not quality for ect as if made under	an exemption under section 119.07(3)(i), F.S. The information indic roath.	
				_ ~ ~ ~	
	K. C.	FRIC	LAAV	954 12	
SIGNATURE:	aweso			(130 Hpv:130,1999) 23/	
. SIGNATURE ANDOWNED	OR PRINTED NAME OF SIG	GNING OFFICER OR I	DIRECTOR	■Date / Daytime Phone #	
•					