

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA3000039556**

1. Corporation Name

UNITED DESIGNS INC.

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

4300 S.W. 78 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4300 S.W. 78 AVE

Suite, Apt. #, etc.

City & State

PALMETTO BAY, FL

Zip

33158

Country

DADE

City & State

PALMETTO BAY, FL

Zip

33158

Country

DADE

7. Name and Address of Current Registered Agent

Name

NORA SCHOFIELD

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

4300 S.W. 78 AVE

Suite, Apt. #, Etc.

City

PALMETTO BAY

State

FL

Zip Code

33158

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

Nora Schofield

REGISTERED AGENT MUST SIGN

Date

01/08/08

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
PRESIDENT	NORA SCHOFIELD	4300 S.W. 78 AVE	PALMETTO BAY, FL 33158

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:

Nora Schofield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/08/08

Daytime Phone #

305 216 3158

FILED

08 JAN 11 AM 9:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 1993

5. FEI Number

65-0415364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.