APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOR	
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS FILED	
FOR Secretary of State Secretary of State DOCUMENT # P93000040648 1. Corporation Name DESIGN CONCEPTS INC. Secretary of State DIVISION OF CORPORATIONS 97 JAN - 5 AM 9: 54 TALLAHASSEE, FLORIDA	
#65-WEKIVA-SPRINGS-RD. #65-WEKIVA-SPRINGS-RD. SHITE-103 LONGWOOD FL 32779 LONGWOOD FL 32779 LONGWOOD FL 32779	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. Page 1. Date Incorporated or Qualified To Do Business In Florida 7. Do Business In Florida 6. FEI Number 7. Special State 6. Page 1. Not Applied For Not Applicable 7. Do Business In Florida 8. FEI Number 7. Do Business In Florida 8. FEI Number 7. Do Business In Florida 8. Page 1. Do Business In Florida 9. Do Business In F	—
Zip Country CERTIFICATE OF STATUS DESIRED to a Certificate of Status Desired for a Certificate of Status	ired
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tifle(s) 1: 2	
PSTD BLACKADAR, PAMELA 165 WERIVA SPRINGS RD., SUITE-10 LONGWOOD FL 32779 2989 W. State Rd. 934 St. 400 (Moved 5/29/94)	
200002052562-6 -01/03/9701068-004 ****375.00_****375.00	ş
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) SUITE #69 400 LONGWOOD FL 32779 City State Zip Code FL	CR2E010 (7/96)
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN	4
11. Does this corporation pay any intangible tax to the pept. of Revenue under S. 199.032, Florida Statutes. Yes No	
12. 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 filling 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 under section 119,07(3)(i), F.S. The information indica on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	

SIGNATURE: