PLEASE READ A	ALL INSTRUCT	IONS BEFORE C	OMPLETI	<mark>NG ТЫ</mark> БЕОRN	1	
APPLICATION FOR REINSTATEMENT	ON FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED 97 JAN 21 AM 8: 55			
DOCUMENT # P93000 1. Corporation Name FLORIDA CONTEMPO DESIGN	050577	tolal -, 080,00 as				
Principal Place of Business *2502 LAFAYETTE STREET FT: MYERO FL Mailing Address \$358 COLONY COURT CAPE CORAL FL 33904-5819		5819				
If above addresses are incorrect in any way, line through incorrect information and a 2. New Principal Office Address, If Applicable 3. New Mailing Office Address Square Source			DO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified To Do Business in Florida 07/14/1993			
Suite, Apl. #, etc. City & State	Suite, Apt. #, etc. City & State	eve)	5. FEI Number	65-0421439	Applied For Not Applicable	
N. Ft Myers Fl Zip Country 33917 Ce	Zip	Country		OF STATUS DESIRED S	8.75 Additional Fee required for a Gerhilicate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers Tritle(s) and/or Directors		Street Address of Each		City /	State / Zip	
PRES DUMAS, GERMAINE E		3 (Do NOT Use Post Office Box Numbers) 5358 COLONY CT		CAPE CORAL FL 33904		
- S MANY DODEDT 1483		OLD OLGA RO	D-OLGA-RD-		- E-FT-MYERC- FL	
Tres Robert De Marco 1496		6 Cumberla	and CT Ftmyers # 33919			
Sec Robert Chilton 13		3 5.W, 52 nd	Terr.	Cape Goral, F183914		
		700020673672 -01/24/9701030002				
		•		***1080.00	***1080.00	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
DUMAS, GERMAINE E 5358 COLONY COURT	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
CADE CODAL EL 22004 5010			ulte, Apt. * REINSTATEMENT 196-97			
City State 1,600						
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. Signature of Registered Agent Leman Date 1-17-97 Date 1-17-97 Date Date						
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box deditional information.)						
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No						
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), Fiorida 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.						
SIGNATURE: JEMAINE E. DUMAS 941-945-0303						