

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DESIGN METHODS INC
P93000059118
EIN 59-3216637

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

210 29 STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

3. Mailing Office Address

210 29 STREET

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

7. Name and Address of Current Registered Agent

Name

ANTHONY A. HARRINGTON

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

210 29 STREET

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date 6-30-07

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
P	ANTHONY A. HARRINGTON	210 29th STREET	WEST PALM BEACH, FL 33407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY A. HARRINGTON

6-30-07

Date

341-569-8861

Daytime Phone #

07 JUL 11 11:57

FILE
TALLAHASSEE FLORIDA

600105939156
07/11/07--01049--006 **\$900.00

REINSTATEMENT
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8-24-1993

5. FEI Number

59-3216637

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.