

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
9747AR
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

99 MAR 10 AM 10:31

SECRETARY OF STATE
 ATLANTA, GEORGIA

DOCUMENT # **P93000084451**
 1. Corporation Name
VIVACIOUS DESIGNS, INC.

Principal Place of Business Mailing Address
533 NE 13th St.
Ft. Lauderdale, FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/10/93	
5. FEI Number 65-0456065	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C/D	ZAKAS, SPIROS	1200 VAN BUREN ST. HOLLYWOOD, FL.	HOLLYWOOD, FL 33019
VP/D	ZAKAS, PETER	150 DEER CREEK COVE	LAURENCEVILLE, GA 30243

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******473.75 ****473.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAKAS, SPIROS
533 NE 13th St.
Ft. LAUDERDALE, FL 33304

Name **SP 3/10**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State **FL** Zip Code

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 **[Signature]**
 REGISTERED AGENT MUST SIGN

Date **3/5/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

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 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 under section 119.07(3)(i), 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 **(954) 288-8444**
 Date Daytime Phone #

CR2E081 (12/98)