

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 2:18

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 for new information and enter corrected below

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

4. Date Inc. operated or Qualified To Do Business in Florida 12/10/93
5. FEI Number 65-0456065
6. CERTIFICATE OF STATUS DESIRED

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	Lawrenceville, GA 30243

500003236415--5
-05/03/00--01026--019
****150.00 ****150.00

Signature

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
Street Address if (3) Box Number is Not Acceptable
State, 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
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: X *Signature*
SIGNATURE / NO TYPE / OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (254) 728-8444
Date Daytime Phone #

ZAKASPACE

THE LEADER IN HOSPITALITY DESIGN

April 28, 2000

Sean Toner, Sr. Section Administrator
Annual Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Tel: 850-487-6989

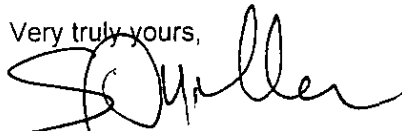
Attn: Division of Corporations

Dear Sean,

As discussed with you and Dick Arco over the telephone, we have not received any of our 2000 annual reports for the five corporations. We had our controller call April 19 to have the forms sent. As we have not received them as of today's date we are submitting copies of the 1999 annual reports marked 2000 with the respective payments of \$150.00 each so as not to incur any penalties for being late.

Could you please check our name and address in your system to make sure it is correct? It is so frustrating not to be getting these mailings. Any help you can give would be greatly appreciated.

Very truly yours,



Spiros Zakas, Chairman/Registered agent