

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 SEP 21 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

99+2000 UBR
PQ300068884
Practical Design products
Co. Inc.

800003417618--2

-10/06/00--01125--006

***300.00 ***300.00

2. Principal Office Address

3. Mailing Office Address

2938 SW 22nd Cr.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10-C

City & State

City & State

Delray Beach Fla.

Zip

Country

Zip

Country

33445

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0453389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward J. Kone

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

4400 N. Federal Hwy, Ste. 301

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33431

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

Date

REGISTERED AGENT MUST SIGN

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
President	Jason Bator	2938 SW 22nd Cr. 10C	Delray Beach Fla. 33445

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 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:

Jason Bator
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/2000
Date

561-251-3121
Daytime Phone #

CR2E081 (9/99)