

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 22 AM 11:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002077**

1. Corporation Name  
**DESIGN CONCEPTS INTERNATIONAL, INC.**

Principal Place of Business	Mailing Address
1800 COLLINS AVE. #705 MIAMI BEACH FL 33139	1334 Washington Ave #302 MIAMI BEACH FL 33139



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/10/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0460747	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PSTD	ROSELL, ALBERTO	1800 COLLINS AVE #705 1334 Washington Ave #302	MIAMI BEACH FL 33139
			600002157966--3 -04/29/97--01051--001 *****910.00 *****910.00
			600002157966--3 -04/29/97--01051--002 *****5.00 *****5.00
			<b>REINSTATEMENT 96-97</b> A. Alan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROSELL, ALBERTO 1300 COLLINS AVE. #705 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State <b>FL</b>	
		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]* Date: **4/7/97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* Date: **3/21/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRRE040 (7/96)