## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

DESIGN AND DEVELOPMENT ENTERPRISES INC

CLERMONT FL 34711  CLERMONT FL 3	DESIG	IN AND DEVELORIMEN	IENIER	TRIOES,	INC.				
If above addresses are incorrect in any way, line through incorrect information and enfer correction below.  Reprincipal Office Address, If Applicable 3. New Malling Office Address, If Applicable 4. Date Incorporated or Qualified 70 bo Blushess in Prioritid 70 both Blushes in Prio	Principal F	Place of Business	ress		_				
8. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida Construction of				· · · · · · · · · · · · · · · · · · ·					
8. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida, Apt. #, etc. Solida Construction of the Applicable Solida Construction of	نونو						CTATERAEM!	P 197	
Suite, Apt. #, etc. Size Suite Space Space Suite Space Space Suite Space Spa	If above	addresses are incorrect in any way, line t	nformation and enter correction below.		MERIA	O IN INCINIUM			
Sind Age of State  City & State  Country  Co	New Principal Office Address, If Applicable     3. New M			illing Office Address, If Applicable		To Do Business in Elerida			
Country   Zip   Country   Zip   Country   Certificate of Status 6   Section 607.056.5   Not Applicable	Suite, Apt. #, etc. Sui			te, Apt. #, etc.					
Country	City & State City & Sta			е		3. TETTUMBE		Not Applicable	
Title(s) 2 Andro Officers and for Directors 3 Street Address of Each Officer and for Director 4 City / State / Zip  P HOBERTY, ANDREA J. 8044 LK NELLIE RD. CLERMONG FL  4 1 1 1 1 4 3 1 7 8 4 — 1 -02/15/02 -011071 -0116 ******150.00 ******150.00  4 1 1 1 1 1 4 3 1 7 8 4 — 1 -02/15/02 -011071 -0116 ******150.00 ******150.00  4 1 1 1 1 1 4 3 1 7 8 4 — 1 -02/15/02 -011071 -0117 ******150.00  4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip Country Zip			Country		- 38./5. Additional Fee require			
P HOBERTY, ANDREA J.  8044 LK NELLIE RD.  CLERMONG FL  4 1111114 9 3 1 7 8 4 1 -02/15/0201071016 *****150.00 *****150.00  4 1110114 9 3 1 7 8 4 1 -02/15/0201071016 ******750.00 ******750.00  ******750.00 ******750.00  ******750.00 ******750.00  ******750.00 ******750.00  ******750.00 ******750.00  ******750.00 ******750.00  *********************************	7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)		#. v_4	
#### 150.00 #### 150.00  ##### 150.00 #### 150.00  ##### 150.00 #### 150.00  ##### 150.00 #### 150.00  ##### 150.00 #### 150.00  ##### 150.00 ##### 150.00  ##### 150.00 ##### 150.00  ##### 150.00 ##### 150.00  ##### 150.00 ##### 150.00  ##### 150.00 ##### 150.00  ##### 150.00 ###### 150.00  ##### 150.00 ##################################	Title(s)	and/or Directors	Officer and for Director						
*****150.00 *****150.00  4 UDDD45317841 -02/15/0201071017 *****750.00  8. Name and Address of Current Registered Agent  Name  TARA FINANCIAL SERVICES, INC.  489 W. MINNEHAHA AVE.  CLERMONT FL 34711  Suite. Apt. #, Etc.  City  State  City  State  City  State  Agent  Age	Р	HOBERTY, ANDREA J.		8044 LK NELLIE RD.		CLERMONG FL			
TARA FINANCIAL SERVICES, INC.  489 W. MINNEHAHA AVE.  CLERMONT FL 34711  Suite, Apt. #, Etc.  City  State   Zip Code   FL    O. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  ignature of egistered Agent   Warcia O   Keefe    Bate   12/30/01    REGISTERED AGENT MUST SIGN							****150.00 00049317 -02/15/0201	****150.00 <b>*841</b> 071017	
TARA FINANCIAL SERVICES, INC.  489 W. MINNEHAHA AVE.  CLERMONT FL 34711  Suite, Apt. #, Etc.  City  State Zip Code  FL  ignature of legistered Agent  City  Date  12/30/0/  REGISTERED AGENT MUST SIGN		8. Name and Address of Curren	ent			ent			
ignature of egistered Agent Description of the Agent Must Sign Date 12/30/01  REGISTERED AGENT MUST SIGN	489 W. MINNEHAHA AVE.				Street Address (F Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City   State   Zip Code			
REGISTERED AGENT MUST SIGN		of Agent Murcia O'K	ufe r	Parcia		bligations of Sect			
		F			IGN	rouided for in ch	enter 607 or 617 E.S. Liuthor co	wife 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:

02 FEB -7 PM 12: 15