

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b>	
<b>REINSTATEMENT</b>		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000022247</b>			
1. Corporation Name  <b>M.V.L. DISTINCTIVE DESIGN, INC.</b>			
2. Principal Office Address <b>617 Northlake Blvd.</b>		3. Mailing Office Address <b>617 Northlake Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>North Palm Beach</b>		City & State <b>North Palm Beach</b>	
33408	Country <b>USA</b>	Zip <b>33408</b>	Country <b>USA</b>

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/20/03--01022--013 \*\*1350.00

**REINSTATEMENT** 99-03

4. Date Incorporated or Qualified To Do Business in Florida <b>03/23/1994</b>	
5. FEI Number <b>65-0475999</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Laurenzano, Michael</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>617 Northlake Blvd.</b>		
Suite, Apt. #, Etc.		
City <b>North Palm Beach</b>	State <b>FL</b>	Zip Code <b>33408</b>

8. 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

*Michael Laurenzano*  
REGISTERED AGENT MUST SIGN

Date **April 24, 2003**

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
D	Laurenzano, Michael	617 Northlake Blvd.	North Palm Beach, FL 33408

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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

*Michael Laurenzano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03

Date

(561) 841-2552

Daytime Phone #

21 5/15