

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA6000038015		FILED JUN 16 PM 4:41 TALLAHASSEE, FLORIDA	
1. Corporation Name OAK TREE DESIGN GROUP INC			
Principal Place of Business		Mailing Address PO Box 7403 PO Box 7403 FT LAUDERDALE FL 33338	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
		Country	
		Country	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 650669990			
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES SEC. TREAS D-C	JORDAN A. MILLER	1430 E. Bay Point Rd	Milw WI 53217
400002942354-4 -07/27/99-01023-007 ****900.00 ****900.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.		Suite, Apt. #, Etc.	
City		City	
State		State	
Zip Code		Zip Code	
THOMAS R. SHANADY ESQ- HUSTON & SHANADY P.A. 316 NORTHEAST FOURTH STREET FT LAUDERDALE FL 33301-1146		FL	
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		Date	
Thomas R. Shanady		6-29-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
(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 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 individual's listed on this form do not qualify for an exemption under section 119.07(3)(b), 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: Jordan A. Miller Pres.		6/21/99 4143521069	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	