

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 10 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000045573

**1. Corporation Name**

Reflex Design, Inc.

**2. Principal Office Address**

5219 N.W. 33 AVE.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

5219 N.W. 33 AVE.  
Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, FL

Zip Country  
33309 USA

**City & State**

Ft. Lauderdale, FL

Zip Country  
33309 USA

**REINSTATEMENT 99-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/06/1995

**5. FEI Number**

05-0664692

**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 Jeffrey Smith

Street Address (P.O. Box Number is Not Acceptable)  
5219 N.W. 33rd Ave.

Suite, Apt. #, Etc.

City Ft. Lauderdale

State Zip Code  
FL 33309

**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

REGISTERED AGENT MUST SIGN

Date 12.9.03

**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
M	Jeffrey Smith	5219 N.W. 33 AVE.	Ft. Lauderdale, FL. 33309
M	Jonathan Payne	5219 N.W. 33 AVE	Ft. Lauderdale, FL. 33309

**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:**

JEFFREY A SMITH

12.9.03 954.677.312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR

CR2E081 (10/02)