

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

1998 MAR 23 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9600006077

1. Corporation Name

V. U. Design Group, Inc.

Principal Place of Business

Mailing Address

45 Palermo Ave.

same

coral Gables, FL 33134

400002467064--4

-03/24/98--01099--004

\*\*\*\*900.00 \*\*\*\*900.00

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.		5. FEI Number	
City & State		City & State		65-062-6878	
Zip		Country		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
D	Salazar, Uleania	45 Palermo Ave.	coral Gables, FL 33134
D	Tatis, Vilma	1408 Brickell Bay Dr. Apt. 815, Miami, FL 33131	

REINSTATEMENT

97-98  
269  
3/23/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
1408 Brickell Bay Dr., Apt. 815 Miami, FL 33131		Name Vilma Tatis Street Address (P.O. Box Number is Not Acceptable) 1408 Brickell Bay Dr. Suite, Apt. #, Etc. Apt. 815 City Miami State FL Zip Code 33131	
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 Vilma Tatis		Date MARCH 5-98	

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(See other side for information on intangible tax.)
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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: <i>Uleania Salazar</i>	Date March 5/98	Daytime Phone (305) 447-0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR20040 (1/98)