93-2000 UNIFORM BU			* ****	· · · · · · · · · · · · · · · · · · ·	<i>\$</i>
1. Entity Name	F	ILED			
EXHIBIT DESIGN GROUP, INC	00 400 0	00 APR 28 AM 9: 40			
Original Disease (Section 2)			l I		•
Principal Place of Business 7512 Dr. Phillips Blvd.	Mailing Address same	\$	SECRETA	Y OF STATE EE, FLORIDA	
Unit 50157			IALLAHASS	EE, FLORIDA	
Orlando, FA 32819	to Alless Beb	0.1	Pin		
2. Principal Place of Business	3. Mailing Address		—\ Y #		
807 Jade Forest Avenue Suite, Apt. =. etc.	Same Suite, Apt. #, etc		NU	-	
	Suite, Apr. #, etc		ly -	 	
Orlando, Florida	City & State City & State Orlando Florida		4. FEI Number 59-3372536	<u></u>	Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75	Not Applicable Additional
6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New	Fee Requ	
AMERILAWYER CHARTERED		Name SPT	EGEL & UTRERA, P.A.	Registered Agent	
343 Almeria Avenue		Street Addre	ess (P.O. Box Number is Not Acceptate	ple)	
Coral Gables, FL 33134		343	Almeria Avenue	<u> </u>	
		City		Zip C	ode
8. The above named entity subhite his strength	for the purpose of changing its r		ral Gables:		ode 3134
/ //////////		egistered office of regi	stored agent, or both, in the state of	inda.	
SIGNATURE BY: /////// Natalia Utrera, Vice Presid	A acceptie if applicable. (NOTE.	Registered Agent signature red	Duried when reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangib	· · · · · · · · · · · · · · · · · · ·	FEE IS \$150.00			
Tak filling requirement and elects to do so. (See criteria on back)	After MAY 1, 200 Make Check Payable	0 Fee will be \$550.(Truck Fund Costalis. 4		.00 May Be led to Fees
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
PSTD NAME Hagen, John J.	☐ Delete	TITLE		☐ Change	
STREET 400PESS 7512 Dr. Phillips 1	31vd., Unit 50157	NAME STREET ADDRESS			ļ
CHY-\$7-ZiP Orlando, FL 32819		CITY-ST-ZIP	·————		
NAME	☐ Defete	TITLE NAME	8000032	Change	- 1
STREET +ODRESS CITY - ST-ZIP		STREET ADORESS CITY-ST-7IP	-05/0 <u>8/</u>	00010070	07
FITLE	☐ Delete	TITLE		5.00 ****465 □ Change	
MAME STREET ADDRESS		NAME		L_1 Change	[] Addition
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		,	
TITLS NAME	☐ Delete	TITLE		☐ Change	☐ Addition
STPEET +CORESS		NAME STREET ADORESS			
CITY-ST-ZiP	<u> </u>	CITY-ST-ZIP		<u> </u>	
TITLE NAME	Delete	TITLE NAME		☐ Change	☐ Addition
STREET 400RESS OUTV ET-ZUP		STREET ADDRESS			
TIFLE	Delete	CITY-ST-ZIP TITLE			
÷	- Dolote	NAME	•	☐ Change	Addition
ST-ZIP	\	STREET ADDRESS CITY-ST-ZIP			
I nereby certify that the information supplied with indicated on this recort or supplemental reports	this filing does not qualify for the		Section 119.07(3)(i), Florida Statutes.	 further certify that the	information
indicated on this report or supplemental reporties of the occopration or the recenter or trustee empore changed, or on an attachment with an address, when the control of t	wered to execute this report as with all other like empowered	signature shalf have the required by Chapter 60	e same legal effect as if made under of D7, Florida Statutes; and that my name	path; that I am an office e appears in Block 11 o	or director r Block 12 if
	1		•		
SIGNATURE: SIGNATURE AND TYPED OR P	John J	I. Hagen, Pre	esident Date	. Daytime Phone #	

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AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

SIAI	E OF F	LOKIDA	}		
COU	NTY OF	ORANGE)		
1. (hereir		. Hagen is the corporation").	President of I	EXHIBIT DESIGN GROUP, INC., a Florida corporation	
2. 16, 19		e Corporation w	ras administrati	vely dissolved by the Florida Department of State on October	
3. Annua				998, 1999 and 2000Annual Reports or pay the 1998 and 1999 scribed by Florida Statutes Chapter 607 because:	
	3.1		the Florida I	nents for filing the Annual Report and pay the Annual Department of State was never received by the	
,	the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.				
	nt by the	Corporation of	its 1998, 1999 a	a Department of State reinstate the Corporation upon the and 2000 Annual Report fees and the filing of its 2000 Annual with this Affidavit.	
5.	EXHIE	BIT DESIGN GI	ROUP, INC. sa	tisfies the requirements of the Florida Statutes 607.0401.	
6.	No furt	ther ground or g	rounds exist for	r the administrative dissolution of the Corporation.	
Dated:	da	y of	, 2000		
	FURT	HER, AFFIAN	T SAYETH N	ОТ	
	NOTARY E	Joyce I. S My Comm. Exp. Comm. # CC	7/09/2001	By: John J. Hagen, President SWORN AND SUBSCRIBED before me this L. day of April, 2000.	
		Bonde) Personally Knowr	Other I.D.	Notate Public Printed Name: Joyce I. Shakes	
		FL. Dec	hreine	Commission Expires: $\frac{7-09+2001}{}$	