


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000045475**

1. Corporation Name

ULTIMATE SPACE DESIGN, INC.

Principal Place of Business

Mailing Address

513 NORTH STATE ROAD 7
MARGATE FL 33063

513 NORTH STATE ROAD 7
MARGATE FL 33063

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

208 N.W. 13th AVE

208 N.W. 13th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1996

5. FEI Number

65-0668045

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	OBRADOVIC, NIKOLA	1747 ADAMS	HOLLYWOOD FL
VD	PERRICONE, NICK	2015 FINLEY #403	LOMBARD IL 60148
ST	PAMELA M. KAISER	1840 DEWEY ST. #101	Hollywood, FL
D	ROCCO TOMASIEVIC	1957 MONROE ST	Hollywood, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICH, DAVID L

**513 NORTH STATE ROAD 7
MARGATE FL 33063**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 454-0302

Ultimate Space Design

208 Northwest First Avenue • Hallandale FL 33009 • Tel: (954) 454-0302 • Fax: (954) 454-7747

10/19/00

To whom this may concern:

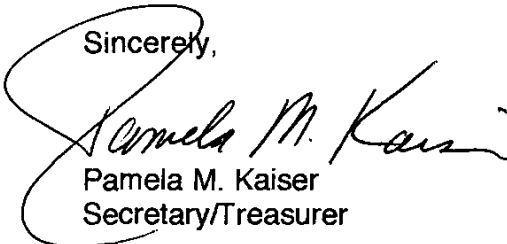
On October 17, 2000 we received the 2000 Uniform Business Report Notice of Administrative Dissolution or Revocation for the first time this year. We have not received the 2000 Uniform Business Report or notice before this date. This is the first time we have received anything regarding this matter.

Therefore, we are requesting a reinstatement of Ultimate Space Design, Inc., and that any penalties be waived since this information was not received at anytime by the office of Ultimate Space Design, Inc.

Please find enclosed a check of \$150 dollars and information on the required document.

If there are any questions please feel free to call.

Sincerely,


Pamela M. Kaiser
Secretary/Treasurer

Encls.