

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072889

1. Corporation Name

ROZ SHUSTER DESIGNS, INC.

Principal Place of Business

7855 TALAVERA PLACE
DELRAY BEACH FL 33446
US

Mailing Address

7855 TALAVERA PLACE
DELRAY BEACH FL 33446
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1996

5. "FEI" Number

65-0697115

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	SHUSTER, ROSALIND	7855 TALAVERA PLACE	DELRAY BEACH FL 33446

400008812564
11/05/02--01103--010 **150.00

8. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

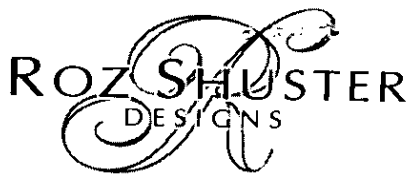
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSALIND SHUSTER

Date

Daytime Phone #

10/28/2002

20f2-



October 25, 2002

STATE OF FLORIDA
DEPARTMENT OF THE STATE
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL. 32314-6327

TO WHOM IT MAY CONCERN:

RE: DOCUMENT # P96000072889

PLEASE FIND ATTACHED THE REINSTATEMENT FORM AND A CHECK FOR
\$150.00.

PLEASE WAIVE ALL OTHER FEES SINCE WE NEVER RECEIVED THE PRIOR
MAILINGS.

THANK YOU FOR YOUR CONSIDERATION.

YOURS TRULY,

ROZ SHUSTER
PRESIDENT