

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 15 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003060**

1. Corporation Name

I & D E Exclusive Designs, Inc.

2. Principal Office Address

7622 Pebble Creek Cr

Suite, Apt. #, etc.

303

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

P.O. Box 770151

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34107

Country

USA

2000-2003 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/1997

5. FEI Number

59-342215

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

Gul Sergur

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

7622 Pebble Creek Circle

Suite, Apt. #, Etc.

303

City

Naples

State

FL

Zip Code

34108

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

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
P	Gul Sergur	7622 Pebble Creek Circle #303	Naples, FL 34108

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.10.2003 (239) 821 7570

Date

Daytime Phone #