APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED
99 SEP 20 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◀ Read Instructions on Other Side Before Making Entries ▶
Make Check Payable To: *Department of State*

1 Name and Mailing Address of Corporation DOCUMENT # P97000019681

WHITECLIFF DESIGNS, INC.
2848 N. E. 35 Court
Fort Lauderdale, FL 33308

2 If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address **REINSTATEMENT 98-99**

Address

City and State

Zip Code

3 Date Incorporated or Qualified To Do Business in Florida
2/28/97

4 FEI Number
65-0730944

FEI Number Applied For

FEI Number Not Applicable

5 **$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED [ ]

6 Names and Street Addresses of Each Officer and or Director

	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 and State
D	L. Theron Streeter	2848 N.E. 35 Court	Fort Lauderdale, FL 33308

900003808489--4
-10/05/99--01113--006
****900.00 ****900.00

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

L. Theron Streeter
2848 N. E. 35 Court
Fort Lauderdale, FL 33308

8 Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9 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] Date Sept. 17, 1999

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 9/17/99 Daytime Phone # 954 565-4969 KE

Type or print name of signing officer or director L. Theron Streeter

CR2E040 (8/92)