

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 24 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000066953

1. Corporation Name

PULSAR DESIGN GROUP, INC.

REINSTATEMENT 02-06

2. Principal Office Address

1352 Silverado

Suite, Apt. #, etc.

3. Mailing Office Address

1352 Silverado

Suite, Apt. #, etc.

City & State

North Lauderdale FL

City & State

North Lauderdale FL

Zip

33068

Country

USA

Zip

33068

Country

USA

CR2E081 (8/05)

4. Date incorporated or Qualified
To Do Business in Florida

7/31/97

5. FEI Number

650781051

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

MAVIS BROWN

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

4172 INVERRARY DR

Suite, Apt. #, Etc.

APT #109

City

LAUDERHILL

State

FL

Zip Code

33319

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

Mavis Brown

Date 10-09-05

REGISTERED AGENT MUST SIGN

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
PD	Donald M. Dixon	1352 Silverado	N. Lauderdale, FL 33068
			400070443124 04/14/06--01023--021 **1200.00
			400070443124 04/14/06--01023--022 **158.75

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:

Donald M. Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18TH October 2005

Date

Daytime Phone #