


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>

APPROVED  
AND  
FILED

01 DEC 12 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080415

1. Corporation Name

Onyx Design Group, Inc.

REINSTATEMENT 2001

2. Principal Office Address

1825 Ponce de Leon

Suite, Apt. #, etc.

#352

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 17, 1997

5. FEI Number

65-0789505

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

Maria Isabel Flores

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

432 Navarre Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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\*\*\*603.75 \*\*\*03.75

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

[Signature]

Date

12/10/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Maria Isabel Flores	432 Navarre Ave	Coral Gables, FL 33139

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/01

Date

786-367-0458

Daytime Phone #