PLEASE READ A	ALL INSTRUCTIONS B	EFORE COMPLET	ING THIS FURM.
APPLICATION FOR	FLORIDA DEPARTMENT Katherine Harri Secretary of Sta	OF STATE	FILED
REINSTATEMENT	DIVISION OF CORPORAT	TIONS	
DOCUMENT # P970000	7833 <i>55</i>	• • 1	OCT -7 AMII: 20
1. Corporation Name LLAY DESIGNS TNC.		SEC	ASSEE, FLORIDA
Je Ling Dear	•	b2 .~~	
Principal Place of Business	Mailing Address		
10065 NW 46TH STR			1
MIAMIFL.33178-22.	84291		no me
If above addresses are incorrect in any way, line through			TATEMENT 40 41
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	3. New Mailing Office Address, If App //OC5 NW 46 Th 577 Suite, Apt. #, etc.	REET 4. Date incorp. To Do Busi	porated or Qualified Iness in Florida 9/56/97
Suite, Apt. #, etc.* City & State	104	5. FEI Numbe	- 000 uno
Zip Country	City & State MIAMI PL. Sup. Country	6.	\$8.75 Additional Fee required
	33178 MIAMI	Dute.	Te of Status desired to a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	Street	Address of Each r and/or Director	City / State / Zip
1 Inic(s)		Post Office Box Numbers)	4
PRES. KAUL ACOSTA	10045NW 4	14TH ST. STE 104	HIAMI FL. 33/48
			
			
			000030244138
			-10/25/9901130018 -****908.75 ****908.75
		:	**************************************
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Address - Courset D			
8. Name and Address of Current R		Name and Name and	Address of New Registered Agent
KAUL ACOSTA 10065 NW 46TH ST. STE	- 104	Street Address (P.O. Box Number	~
741AMI FV.33178	127	Suite, Apt. #. Etc.	TH ST. Star104
[711HIII] Pr. 17110	\ -	104 2410m1	State Zip Code
10. I, being appointed the regist. gent of the above	ve named corporation, am familiar with a	and accept the obligations of Sect	lion 807.0505, F.S.
Signature of Agent Programmer Agent Prog	The second second		Date 10/4/99
_ 	GISTERED AGENT MUST SIGN		<u> </u>
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes I No I (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 filling 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 lees 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.			
DOUDING		10/4/4	KE 105_1159998
SIGNATURE: 10/4/97 303-7/37998 SIGNATURE: Deta Description Descri			