

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

FILED

06 NOV 14 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094778

1. Corporation Name

Authentic Designs, Inc.

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address

4507 Furling Lane

3. Mailing Office Address

4507 Furling Lane

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Destin, Florida

City & State

Destin, Florida

Zip

32541

Country

U.S.A.

Zip

32541

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

9/21/01

5. FEI Number

593532464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 - Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephan Schoeppler

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

957 Emerald Bay Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Date

11.7.06

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
PSD	Stephan Schoeppler	957 Emerald Bay Drive	Destin, Fl 32541

2000081752633
11/14/06-01014-015 **900.00

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 contained in Chapter 119, 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

Stephan Schoeppler

11.7.06

Date

8506852112

Daytime Phone #

jc 11/14

2/2

MICHAEL L. WEIMORTS, P.A.

Attorney and Counselor at Law

The Plaza, Suite 209
4507 Furling Lane
Destin, Florida 32541-5328
850.654.8816
Facsimile: 850.654.9122
*Also Admitted in Alabama

email: mike@weimortswhitehead.com

November 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn: Reinstatement Division

Dear Sir/Madam:

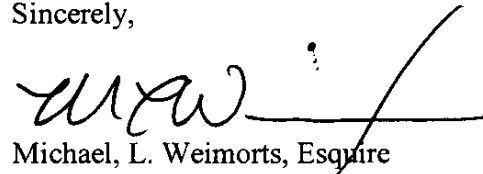
Pursuant to a telephone conversation earlier this week with Tyron Scott and acknowledgment of Authentic Designs, Inc., having not received notices from the Florida Department of State, Division of Corporations since September, 2001 concerning corporation fees.

This letter is to confirm my request for waiver of late fees with reinstatement of corporate licenses to Authentic Designs Incorporated.

You will find enclosed the completed application for reinstatement and a check in the amount of Nine Hundred Dollars and No One Hundredths, (\$900.00) to cover the reinstatement fees.

Thank you in advance for your prompt attention to this matter, if you have any questions, please do not hesitate to call.

Sincerely,



Michael, L. Weimorts, Esquire

MLW/pr

Enclosures: As Stated