

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009504**

1. Corporation Name

Master Designer INC

2. Principal Office Address

961 28th Ave N

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-29-1998

5. FEI Number

59-3489762

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

Phyllis A. Ludemann

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

193 Pinehurst Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34113

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

Phyllis A. Ludemann

REGISTERED AGENT MUST SIGN

Date **12-12-02**

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
P50	Phyllis A. Ludemann	193 Pinehurst Circle	Naples FL 34113

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:

Phyllis A. Ludemann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-02

Date

775-1472

Daytime Phone #

CR2E081 (9/01)

over

December 11, 2002

Florida Department of State
Tallahassee, FL 322302

Re: Master Designers, Inc.

Dear Sir or Madam:

My attorney has recently checked the status of my corporation and has advised me that it has been administratively dissolved for failure to file the 2002 annual report.

I never received any documentation for the 2002 annual report from you. Perhaps it was due to the fact that you may have used my old address at 4202 Tamiami Trail North, Naples, FL 34103 instead of my new address which is 961 28th Avenue North, Naples, Florida 34103. My personal address has also changed since the corporation was formed. I have notified the accountant concerning this matter in hopes that it will be resolved shortly.

I respectfully request that you waive any penalty for reinstatement.

Sincerely,

Phyllis A. Ludemann

Phyllis A. Ludemann
President, Master Designers, Inc.