

P98000041745

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 16 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041745

1. Corporation Name
CUSTOM WALL Design, INC

2. Principal Office Address
668 SAND CREEK CR

3. Mailing Office Address
668 Sand Creek Cr.

Suite, Apt. #, etc.

City & State
Weston FL

Zip Country
33327 USA

4. Date Incorporated or Qualified To Do Business in Florida
6/01/98

5. FEI Number
65-0834714

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
PTC WORLD WIDE INC. 300003582463-7

Street Address (P.O. Box Number is Not Acceptable)
1367 S UNIVERSITY DR -01/26/01-01143-012
****750.00 ****750.00

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

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
Mark Luciani, President

REGISTERED AGENT MUST SIGN

Date
1/15/00

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	ELOISE HOLBROOK	668 SAND CREEK CIRCLE	Weston, FL 33327

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
01-05-01

Daytime Phone #

CR2E081 (9/99)