PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM SURPORATION FILED ATEMEN 01 MAR -5 PM 2: 30 SECRETARY OF STATE TABLAHASSEE, FLORIDA DOCUMENT #\ 1. Corporation Name MEDUSA DESIGNS UNLIMITED, INC 2. Principal Office Address 3. Mailing Office Address 800 E PROSPECT SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 1-99 City & State City & State 5. FEI Number Applied For 11 FT. LAUDERDALF Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED USA for a Certificate of Status 7. Name and Address of Current Registered Agent 700003828427 Street Address (P.O. Box Number is Not Acceptable) 03/0<u>9/01--</u>01086-**|**012 <u>\*\*\*\*300.00 \*\*\*\*</u>00.00 Suite, Apt. #; Etc. State Zip Code City FT. LAUDERLONI of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the registered Signature Registered Ag REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each
Officer and/or:Director Titles City / State / Zip. HUS 3216 N= 42 CT FTUND FL 2701 NOCONDA νP SP 4, 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 by signature shall have the same legal effect as if made under oath. SIGNATURÈ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **MEDUSA DESIGNS**



Phone (954) 564-1999 Fax (954) 564-8281

February 27, 2001

DEPARTMENT OF STATE DIVISIONS OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I WAS NEVER NOTIFIED BY THE DEPARTMENT OF STATE FOR THE RENEWAL OF MY CORPORATION. THE ADDRESS ON FILE FOR THE REGISTERED AGENT IS THE COMPANY WHO OPENED OUR CORPORATION, THUS ALL MAIL MUST HAVE GONE TO HIM AND EITHER THEN RETURNED TO YOU OR THROWN AWAY. MR. MARTIN IS NOT ABLE TO BE REACHED TO DISCOVER WHAT HAPPENED.

I ASK UNDER THESE CIRCUMSTANCES THAT YOU PLEASE REINSTATE MY CORPORATION FOR THE REGULAR FEE. I WAS ADVISED BY ONE OF YOUR AGENTS TO SUBMIT THIS LETTER WITH THE FORM AND REQUEST THE REINSTATEMENT.

THANK YOU VERY MUCH FOR YOUR TIME AND UNDERSTANDING.

GREGORY T. AULENSI

SINCERELY.