


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 4:56

DOCUMENT # P99000000271

1. Corporation Name
D & S DESIGN & REMODELING, INC.

Principal Place of Business Mailing Address

~~2474 PROVENCE CIRCLE
WESTON FL 33327~~ ~~2474 PROVENCE CIRCLE
WESTON FL 33327~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1397 VICTORIA ISLE DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1397 VICTORIA ISLE DR
Suite, Apt. #, etc.

City & State **Weston FL** City & State **Weston FL**

Zip **33327** Country **USA** Zip **33327** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
01/04/1999

5. FEI Number **65-0885423** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WALLERSTEIN, DEBORAH	2474 PROVENCE CIRCLE	WESTON FL 33327
D	WALLERSTEIN, STEVEN	2474 PROVENCE CIRCLE	WESTON FL 33327
			400004717234-7 -12/10/01--01094--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~WALLERSTEIN, DEBORAH
2474 PROVENCE CIRCLE
WESTON FL 33327~~ **1397 VICTORIA ISLE DR**

9. Name and Address of New Registered Agent


Name **STEVEN M WALLERSTEIN**

Street Address (P.O. Box Number is Not Acceptable) **1397 VICTORIA ISLE DR**

Suite, Apt. #, Etc.

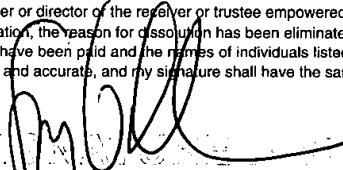
City **Weston** State **FL** Zip Code **33327**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **10/12/01**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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:  **STEVEN M WALLERSTEIN**

Date **10/12/01** Daytime Phone # **954-384-5423**

CR2E040 (8/01)

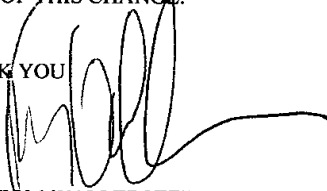
D & S DESIGN & REMODELING, INC.

NOVEMBER 26 2001

DEPARTMENT OF STATE

PLEASE ACCEPT THIS CHECK FOR MY CORPORATION FEE AS I NEVER RECEIVED THE
FORMS DUE TO MY MOVING. I WAS UNDER THE ASSUMPTION THE ACCOUNTANT TOOK
CARE OF THIS CHANGE.

THANK YOU

A handwritten signature in black ink, appearing to read 'M. Wallerstein', with a long horizontal flourish extending to the right.

STEVEN M WALLERSTEIN