

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -4 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000035021

1. Corporation Name

Florida Design Services, Inc.

600008284796--7

-10/03/02--01039--022

****300.00 ****300.00

2. Principal Office Address

4925 SW 31st Ter

3. Mailing Office Address

4925 SW 31st Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fla.

City & State

Ft. Lauderdale, Fla.

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

April 1999

5. FEI Number

65-0918651

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

Michael T. Conforti

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

4925 SW 31st Ter.

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33312

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

Michael T. Conforti
REGISTERED AGENT MUST SIGN

Date

Oct 3 2002

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
President	Michael T. Conforti	4925 SW 31 st Ter	Ft. Lauderdale Fla. 33312

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:

Michael T. Conforti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/03/2002

Daytime Phone #

1.954.632

7/10/4/02

**Michael T. Conforti
Florida Design Services, Inc.
4925 SW 31st Terrace
Ft. Lauderdale, Florida 33312**

October 3, 2002

Division of Corporations

Dear Sir:

I am writing this letter to inform you that my company, Florida Design Services, Inc., needs to be reinstated. I recently became aware of the fact that my company was terminated as a Florida Corporation in 2001. Apparently, I was never received my annual report in early 2001. In addition, I never received any subsequent follow up notices for failure to pay or for the eventual termination of my company

In prior years I have always paid my annual report fees timely. I recently discovered that I was overdue and I want to clear up this situation as soon as possible. I was not aware until recently that there was a delinquency with my account. I respectfully request that you accept the enclosed \$300.00 as full payment for my 2001 and 2002 annual report fees.

I thank you in advance for your prompt attention to this matter. If you have any questions please do not hesitate to call me at 954-632-6654

Sincerely,

Michael T. Conforti