| _ | 7 | PLEASE READ | ALL INST | RUCTI | ONS BEFORE C | OMPLET | NG THIS FO | RM. | (F | |
|---|------------------------|-------------------------------|--|--|--|--|---|--------------------------------------|--|--|
| APF REIN | LICAT TOP STATE | _ | FLORIDA | A DEPAR Katheri Secretar | RTMENT OF STATE ine Harris ry of State corporations | | | | u Ok stats | |
| DOCUMENT # P9900039000 1. Corporation Name STRATEGIES BY DESIGN, INC. | | | | | | | PILED PEURETARY OF STATE VISION OF CORPORATION: 00 OCT 20 PM 4: 12 | | | |
| Principal Place of Business 10500 SW 126TH STREET MIAMI FL 33176 | | | Mailing Address 10500 SW 126TH STREET MIAMI FL 33176 | | | | | | | |
| _ | | incorrect in any way, line th | ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable | | | 4. Date Incorp | orated or Qualified | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | To Do Busin | ness in Florida | 04/29/1 | Applied For | |
| City & State | | | City & State | | | 65-091 | | | Not Applicable | |
| Zip Country | | | Zip Country | | Country | 6. CERTIFICATI | E OF STATUS DESIRED | | itional Fee required rtificate of Status | |
| 7. Names a | and Street Ac | | /or Director (Flo | orida nonprofi | t corporations must list at lea | | 1 | | | |
| Title(s) | 2 | and/or Directors | | | Officer and/or Director | | | | | |
| D | D BALDWIN, GILDA | | | 10500 SW 126TH STREET | | | MIAMI FL 33176 | | | |
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| | | **** | T-7 | | | | | High | (| |
| | 8. Nar | ne and Address of Curren | Registered Ag | ent | | 9. Name and | Address of New Regis | stered Agent | | |
| | | | | | Name | | | | | |
| | WIN, GILDA SW 126TH | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI FL 33176 | | | | | Suite, Apt. #, Etc |). | | | | |
| | | | | | City | | | State Zip | Code | |
| 10. I, being Signature of Registered | ı , | 9.51032 | ove named corp | RE | amiliar with and accept the of QUIRED SIGN | obligations of Sect | ^ | ber 16, | 2000 | |
| 11. I certify | that I am an | | eiver or trustee e | mpowered to | execute this application as | provided for in ch | apter 607 or 617, F.S. s of section 607.0401 o | I further certify or 617.0401, F. | that when filing S., that all fees | |

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 REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CILLA BALDWIN

10/16/2000 (305) 281-8944 Devarine Phone #





Miami, Florida 33176

October 16, 2000

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

RE:

Document # P9900039000

Date Incorporated 04/29/99

To Whom It May Concern:

Per our telephone conversation on Friday, October 13, 2000, enclosed please find a check in the amount of \$150.00 for the Annual Report Fee and Corporate Supplemental Fee. As we discussed the original was never received in the mail and I was not aware this was due as it is my first annual report.

Thank you for your assistance in this matter.

Sincerely, ilda Baldwin

Gilda Baldwin

President