APPLICATION FOR REINSTATEMENT

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

FILED

00 DEC 22 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #   P99000056833

1. Corporation Name

DRAFTING STANDARDS INC.

Principal Place of Business	Mailing Address
555 NW 47 ST. FT. LAUDERDALE FL 33309	555 NW 47 ST. FT. LAUDERDALE FL 33309

REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 06/21/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0936340 Applied For / Not Applicable
City & State	City & State	
Zip / Country	Zip / Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRESIDENT	MARIO MEJIAS	3050 N. 56 AVE.	HOLLYWOOD FL 33021
		9000003524129--9 -01/04/01--01108--019 ****750.00 ****750.00	
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MEJIAS, MARIO 555 NW 47 ST. FT. LAUDERDALE FL 33309	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City / State FL / Zip Code

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 10·20·00
REGISTERED AGENT MUST SIGN

11. 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: _____ MARIO MEJIAS   10·20·00   (954) 465-8468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E040 (8/00)

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