

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 25 PM 3:35

**CORPORATION REINSTATEMENT**

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

DOCUMENT # **P99000064371**

1. Corporation Name

**PEAR DESIGN, Inc.**

2. Principal Office Address

**2999 WINDSWEEP DR**

Suite, Apt. #, etc.

**#206**

City & State

**LANTANA, FL**

Zip

**33462**

Country

**PALM BEACH**

3. Mailing Office Address

**P.O. Box 3594**

Suite, Apt. #, etc.

City & State

**LANTANA, FL**

Zip

**33465**

Country

**PALM BEACH**

4. Date Incorporated or Qualified To Do Business in Florida

**7-8-99**

5. FEI Number

**65-093888**

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

**DIANA NICKELS**

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

**2999 WINDSWEEP DR.**

Suite, Apt. #, Etc.

**#206**

City

**LANTANA**

State

**FL**

Zip Code

**33462**

**100004510961-7**

**-08/01/01--01035--020**

**\*\*\*300.00 \*\*\*300.00**

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

**DIANA NICKELS**  
REGISTERED AGENT MUST SIGN

Date **7-19-2001**

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
<b>P</b>	<b>DIANA NICKELS</b>	<b>2999 WINDSWEEP DR. #206</b>	<b>LANTANA, FL 33462</b>

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:

**DIANA NICKELS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-19-2001**  
Date

**(561) 642-4154**  
Daytime Phone #

CRZED01 (9/00)



July 19, 2001

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Department of Corporations:

Attached is a check for \$300 and the reinstatement forms per our conversation.

I am asking that the fees be waved because the cost of this would certainly put me out of business. I am a new, one-person, minority business ran and operated solely by myself. I've never had a business before, and trying to keep track of everything is extremely confusing and difficult.

I did not receive the letter requesting the UBR, it was not neglect. When the company was born, I was using the address of my in-laws business until I could attain all of the paperwork for a P.O. Box and business account. You have this old address on file for me. I'm certain that if my in-laws would had noticed this mail, it would have been given to me. Perhaps I can opt to have this certified mailed to me in the future?

Every invoice that currently comes in for the business is used for my living and operating expenses. Barely getting us by. June and July have been a very hard months for me as it is, and this would be an extremely devastating fee to pay. I would be extremely gracious.

Sincerely,

A handwritten signature in dark ink, appearing to read "Diana Nickels". The signature is fluid and cursive, with a large, looped initial 'D'.

Diana Nickels  
Owner

PS: Please make the necessary address change to the address below.

PEARDESIGN@EARTHLINK.NET