

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P99000105365**

1. Corporation Name

FLORIDA DESIGN.COM, INCORPORATED

Principal Place of Business

621 NW 53RD STRET STE 370
BOCA RATON FL 33487

Mailing Address

621 NW 53RD STRET STE 370
BOCA RATON FL 33487

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

12/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0972224

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LICHTENSTEIN, JEFF	621 NW 53RD STREET - ONE PARK PL	BOCA RATON FL 33487
STD	LICHTENSTEIN, PAUL	621 NW 53RD STREET - ONE PARK PL	BOCA RATON FL 33487

600008780296
11/04/02--01057--002 **158.50

8. Name and Address of Current Registered Agent

LICHTENSTEIN, PAUL
621 NW 53RD STREET
STE 370
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

Paul Lichtenstein
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/31/02

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:

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

Date

Daytime Phone #

12/31/02

CR2E040 (8/02)

FLORIDA DESIGN

THE MAGAZINE FOR FINE INTERIOR DESIGN AND FURNISHINGS

October 30, 2002

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

RE: Florida Design, Inc. 65-0273425
Florida Magazine Administrators, Inc. 65-0883909
Florida Design.com, Inc. 65-0972224
Luxury Florida Homes, Inc. 65-0207604
JAL Media Enterprises, Inc. 59-1843354

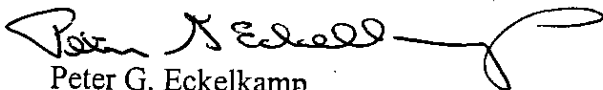
Gentlemen:

I am enclosing Applications for Reinstatement for each of the above named companies together with checks for \$158.50 for each for the fee and Certificate of Status on each one.

We request waivers for the reinstatement fee, do to the fact that we did not receive two prior uniform business report notices.

Thanks you for your assistance in this matter.

Very truly yours,



Peter G. Eckelkamp

Controller

Florida Design, Inc.

Florida Magazine Administrators, Inc.

Luxury Florida Homes, Inc.

Florida Design.com, Inc.

JAL Media Enterprises