

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

96 NOV 15 AM 9:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S28355**

1. Corporation Name
CORNERSTONE DESIGNS INT'L, INC.

Principal Place of Business
 6346 65 LANTANA RD
 STE 10C
 LAKE WORTH FL 33463

Mailing Address
 6346 65 LANTANA RD
 STE 10C
 LAKE WORTH FL 33463



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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01/28/1991 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 65-0284333 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PD | KEELE, WAYNE | 4735 BLUE PINE CIRCLE | LAKE WORTH FL |
| ST | KEELE, DIANNA | 4735 BLUE PINE CIRCLE | LAKE WORTH FL |
| | | | |
| | | | |
| | | | |

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WJH

| | | | |
|---|--|--|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| KEELE, WAYNE 4735 BLUE PINE DRIVE LAKE WORTH FL 33463 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | |
| | | State | |
| | | 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: *Wayne Keele, Pros* REGISTERED AGENT MUST SIGN Date: *Nov. 7, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Wayne Keele, Pros* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *Nov. 7, 1996* Daytime Phone #: *561-439-1570*

CR26040 (7/96)