

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 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S48083

1. Corporation Name

AZINGER DESIGN CO., INC.

Principal Place of Business

2742 MAN OF WAR CIR  
SARASOTA FL 34240  
US

Mailing Address

2742 MAN OF WAR CIR  
SARASOTA FL 34240  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1991

5. FEI Number

65-0259765

Applied For

Not Applicable

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
PSDT	AZINGER, R. JEDSON	2742 MAN OF WAR CIR	SARASOTA FL

200008792032  
11/04/02--01107--020 \*\*150.00

8. Name and Address of Current Registered Agent

AZINGER, R J.  
2742 MAN OF WAR CIR  
SARASOTA FL 34240

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

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

Date

Daytime Phone #

10/31/02 941 378 9677

CR2E040 (8/02)

# **Azinger Design Company, Inc.**

October 31, 2002

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

Re: FEI # 65-0259765

Subject: S48083 Certificate of Administrative Dissolution or Revocation

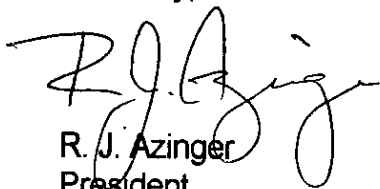
Dear Sir or Madam:

Enclosed is a check for the original filing fee of \$150.00. I am asking for reinstatement of Azinger Design Company, Inc. without penalty. We did not receive the statement for 2002 and would like to be back in good standing as soon as possible.

Since I was out of the U.S. for many weeks this year it is possible that the statement was received and misplaced, lost or inadvertently discarded. In any case, I had not personally seen any notice until the "Notice of Dissolution".

Thank you for your consideration.

Sincerely,



R. J. Azinger  
President  
Azinger Design Company, Inc.