

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0259765

Applied For

City & State

City & State

Not Applicable

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
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]
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 RALPH JEDSON AZINGER

10/31/02
 Date

941 378 9677
 Daytime Phone #

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

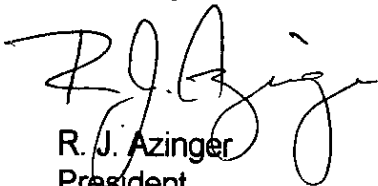
Dear Sir or Madam:

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.