

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

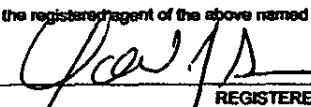
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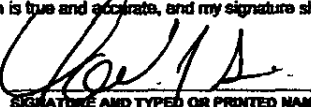
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S51331			
1. Corporation Name C.G. DESIGN Enterprises Inc.			
2. Principal Office Address 8401 NW. 70 ST. Suite, Apt. #, etc.		3. Mailing Office Address 3200 S.W. 137 PL. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country USA	Zip 33175	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/8/91	
5. FEI Number 65-0261580	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 Noel J. Garcia	
Street Address (P.O. Box Number is Not Acceptable) 3200 S.W. 137 PL.	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33175	

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 	Date 10/21/03
REGISTERED AGENT MUST SIGN	

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
PD	Noel J. Garcia	3200 SW 137 PL.	Miami, FL 33175
STD	CARMEN L. Garcia	3200 SW 137 PL.	Miami, FL 33175

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/9/03 Daytime Phone # 305-265-1418

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