


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 741809 1. Entity Name DECORATIVE ARTISTS OF JACKSONVILLE, INC.						FILED 2008 JAN 25 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 275 RANCH RD PONTE VEDRA BEACH, FL 32082 US				Mailing Address P.O. BOX 10875 JACKSONVILLE, FL 32247 US 2006			
2. Principal Place of Business - No P.O. Box # 2012 Burpee Drive Suite, Apt. #, etc.				3. Mailing Address 2012 Burpee Drive Suite, Apt. #, etc.			
City & State Jacksonville, FL				City & State Jacksonville, FL			
Zip 32210		Country USA		Zip 32210		Country USA	
4. FEI Number 59-1795321				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WESCH, VELORA 1335 JOURNEYS END LANE JACKSONVILLE, FL 32223				7. Name and Address of New Registered Agent Name Johnel K. Martin Street Address (P.O. Box Number is Not Acceptable) 2012 Burpee Drive City Jacksonville, FL Zip Code 32210			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Johnel K. Martin <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1/8/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWELL, PATTI 6221 CHECKMATE LANE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Director Weitzel, Colette 12519 Mission Hills Cir, S. Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESCH, VELORA 1335 JOURNEY'S END LANE JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wesch, Velora 1335 Journey's End Lane Jacksonville, FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERTE-MAIN, PAULA 1859 RIVERBLUFF RD N JACKSONVILLE, FL 32211	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dixon, Nell 9483 Ruckman Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MESTRICH, MARY JANE 1505 FRECKLE DR ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Slaughter, Rona 1608 Parrish Place Jacksonville, FL 32205	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOHNEL 2012 BURPEE DRIVE JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Martin, Johnel 2012 Burpee Drive Jacksonville, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHORT, LARAINÉ 275 RANCH RD. PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300116029653 01/25/08--01003--002 **122.50			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Johnel K. Martin, Treasurer/Director 1/8/08 (904)781-8371 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							