

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000004610

Entity Name: AI DESIGN GROUP, INC.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

500 SOUTH COLLEGE STREET
SUITE 200
CHARLOTTE, NC 28202

New Principal Place of Business:

Current Mailing Address:

500 SOUTH COLLEGE STREET
SUITE 200
CHARLOTTE, NC 28202

New Mailing Address:

FEI Number: 11-3666542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LISA REEVES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JONES, G. WESLEY
Address: 500 SOUTH COLLEGE STREET, SUITE 200
City-St-Zip: CHARLOTTE, NC 28202

Title: VP () Delete
Name: WELLER, JOHN V.P.
Address: 500 SOUTH COLLEGE STREET, SUITE 200
City-St-Zip: CHARLOTTE, NC 28202

Title: ST () Delete
Name: MARKS, KIM E
Address: 500 SOUTH COLLEGE STREET, SUITE 200
City-St-Zip: CHARLOTTE, NC 28202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. WESLEY JONES

PRES

10/04/2007

Electronic Signature of Signing Officer or Director

Date