2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV 10 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000001230

1. Entity Name
ICON DESIGN INTERIORS, INC.

Principal Place of Business	Mailing Address
33 OLD WINDY BUSH RD NEW HOPE, PA 18938	33 OLD WINDY BUSH RD NEW HOPE, PA 18938

10282008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
42-1612079
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNROE, W. BRADLEY ESQ 239 E VIRGINIA ST TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, my position as registered agent.

SIGNATURE: X W. Bradley Munroe 10/29/08
Signature of New Registered Agent (Required) Date

FILE NOW: FEE IS $150.00
After January 1, 2009, Fee will be $200.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALBERT, GAIL S 33 OLD WINDY BUSH RD NEW HOPE, PA 18938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800137787278 11/10/08--01041--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPVC ALBERT, EUGENE K 33 OLD WINDY BUSH RD NEW HOPE, PA 18938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALBERT, SEAN M 3249 COMFORT RD NEW HOPE, PA 18938	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: _____
Signature and Typed or Printed Name of Individual Date Daytime Phone #