2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000004521

Address:

City-St-Zip:

5849 E REDBIRD RD

SCOTTSDALE, AZ 85262

ACDIDE DECICAL CENTED INC

FILED Oct 07, 2009 Secretary of State

Entity Nai	me: ASPIRE	DESIGN CENTER, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ONE CACTUS , AZ 85027	DR			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ONE CACTUS , AZ 85027	DR			
FEI Number	: 86-0582803	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2731 EXE	VICES, INC. CUTIVE PARK , FL 33331	DR STE 4 US			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: ANGIE R	UIZ			
	Electron	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP (SHULER, STEN 5849 E REDBI SCOTTSDALE,	RD RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SHULER, MICH 8617 E PARAIS SCOTTSDALE,	SO DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST (SHULER, ARD 8617 E PARAIS SCOTTSDALE,	SO DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (SHULER, OY Y) Delete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: STEVEN SHULER CP 10/07/2009