


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F20827	
1. Entity Name DESIGN CONCEPTS & ASSOCIATES, INC.	

FILED
2008 JAN 15 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08
01092008 REIN P GR2E098 (1/07)

Principal Place of Business % ROGER C HALL 214 S ARMENIA AVENUE TAMPA, FL 33609	Mailing Address % ROGER C HALL 214 S ARMENIA AVENUE TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 4202 W. EL PRADO BLVD TAMPA, FLORIDA 33629 USA	3. Mailing Address Suite, Apt. #, etc. 4202 W. EL PRADO BLVD TAMPA, FLORIDA 33629 USA
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4. FEI Number 59-2071749	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 HALL, ROGER C 214 S ARMENIA AVENUE TAMPA, FL 33609 4202 W. EL PRADO BLVD. TAMPA, FLORIDA 33629

7. Name and Address of New Registered Agent Name N/A 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 registered agent.

SIGNATURE: *Roger C Hall Jr.* DATE: 1.10.08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TS HALL, ROGER C 4202 W EL PRADO BLVD TAMPA, FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900115196199 01/15/08--01034--011 **\$00.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Roger C Hall Jr.</i>	1.10.08 813/831-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

8. Mitchell JAN 15 2008