


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F94970</b> 1. Entity Name <b>AMERICAN HOME DESIGN, INC.</b>						<b>FILED</b> 06 OCT 16 AM 7:32 10/16/06	
Principal Place of Business <b>6020 SHORE BLVD S. #606 GULFPORT, FL 33707 US</b>				Mailing Address <b>6020 SHORE BLVD S. #606 GULFPORT, FL 33707 US</b>			
2. Principal Place of Business <b>1332 Gillespie Dr. N</b> Suite, Apt. #, etc.				3. Mailing Address <b>1332 Gillespie Dr. N.</b> Suite, Apt. #, etc.			
City & State <b>Palm Harbor, Fla.</b> Zip Country <b>34684 U.S.</b>				City & State <b>Palm Harbor, Fl.</b> Zip Country <b>34684 U.S.</b>			
4. FEI Number <b>59-2257123</b>				Applied For <input type="checkbox"/> Not Applicable*			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LANGMANN, JANET A 6020 SHORE BLVD STE 606 GULFPORT, FL 33707				<b>7. Name and Address of New Registered Agent</b> Name <b>Langmann, Janet A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1332 Gillespie Dr. N.</b> City <b>Palm Harbor</b>			
Address Change ONLY →				FL Zip Code <b>34684</b>			
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 <u><i>Janet A. Langmann</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/13/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGMANN, JANET 6020 SHORE BLVD- STE 606 GULFPORT, FL 33707 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS CHANGE ONLY <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1332 Gillespie Dr. N.</b> <b>Palm Harbor FL. 34684</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LANGMANN, JANET A 6020 SHORE BLVD- STE 606 GULFPORT, FL 33707 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1332 Gillespie Dr. N. Palm Harbor FL. 34684 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600080877486</b> <b>10/16/06--01045--014 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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: <u><i>Janet LANGMANN Janet A. Langmann</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>10/13/06</u> Daytime Phone # <u>727-784-1822</u>			