

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L02240

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: DESIGN ODYSSEY 2001, INC.

## Current Principal Place of Business:

3300 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

6400 N. ANDREWS AVENUE  
SUITE 505  
FT. LAUDERDALE, FL 33309 US

## Current Mailing Address:

3300 UNIVERSITY DR.  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

6400 N. ANDREWS AVENUE  
SUITE 505  
FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0131143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFASI, AVRAHAM  
3300 UNIVERSITY DR.  
#712  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

ALFASI, AVRAHAM  
6400 N. ANDREWS AVENUE  
SUITE 505  
FT. LAUDERDALE, FL 33309 US

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: AVRAHAM ALFASI

04/06/2005

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: SPD ( ) Delete  
Name: ALFASI, AVRAHAM  
Address: 3300 UNIVERSITY DR., STE. 712  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: JONES, GREG  
Address: 3300 UNIVERSITY DR., STE. 712  
City-St-Zip: CORAL SPRINGS, FL 33065 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SPD (X) Change ( ) Addition  
Name: ALFASI, AVRAHAM  
Address: 6400 N. ANDREWS AVENUE STE 505  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP (X) Change ( ) Addition  
Name: JONES, GREG  
Address: 6400 N. ANDREWS AVE STE 505  
City-St-Zip: FT. LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVRAHAM ALFASI

MR.

04/06/2005

Electronic Signature of Signing Officer or Director

Date