2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L04000090953

Entity Name: SHOWLIGHT DESIGNS, LLC

Current Principal Place of Business:

855 S. FEDERAL HIGHWAY, SUITE 212
BOCA RATON, FL 33432

New Principal Place of Business:

3500 NW BOCA RATON BLVD.
#710
BOCA RATON, FL 33431

Current Mailing Address:

855 S. FEDERAL HIGHWAY, SUITE 212
BOCA RATON, FL 33432

New Mailing Address:

3500 NW BOCA RATON BLVD.
710
BOCA RATON, FL 33431

FEI Number: 59-2077217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GATTO, FRANK
855 S. FEDERAL HIGHWAY, SUITE 212
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GATTO, FRANK
3500 NW BOCA RATON BLVD.
#710
BOCA RATON, FL 33431 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: FRANK GATTO 10/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GATTO, FRANK
Address: 855 S. FEDERAL HIGHWAY, SUITE 212
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GATTO, FRANK
Address: 3500 NW BOCA RATON BLVD. SUITE 710
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK GATTO PRES 10/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date