

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000010488

FILED
Aug 12, 2008
Secretary of State

Entity Name: RESTORATIONS BY DESIGN, LLC

Current Principal Place of Business:

529 N. FERNCREEK AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

529 N. FERNCREEK AVENUE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BARBER, ANITA L ESQ.
626 WEST YALE STREET
ORLANDO, FL 32804 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: ANITA L. BARBER, ESQ.

08/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUSACK, VICKIE
Address: 5340 WATERVISTA DRIVE
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUSACK, VICTORIA L
Address: 626 WEST YALE STREET
City-St-Zip: ORLANDO, FL 32804

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 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: VICTORIA L. CUSACK

MGR

08/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date