


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 PM 4:38

DOCUMENT # L68720 1. Entity Name D.C.H. DESIGNS, INC.	
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Principal Place of Business DAN HULL 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL 32714	Mailing Address DAN HULL 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-3009098 Applied For Not Applicable
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REINSTATEMENT 04-05



6. Name and Address of Current Registered Agent BOS, CAREY N. 723 EAST COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name DANIEL C. HULL Street Address (P.O. Box Number is Not Acceptable) 101 CANDLEWICK RD. City ALTAMONTE SPRINGS FL Zip Code 32714
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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: *Daniel C. Hull* **DANIEL C. HULL PRESIDENT** **2/4/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HULL, DAN <input type="checkbox"/> Delete 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600046641286 02/15/05--01035--009 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CUMMINGS, CHERYL <input type="checkbox"/> Delete 101 CANDLEWICK RD. ALTAMONTE SPRINGS, FL	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
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 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 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: *Daniel C. Hull* **DANIEL C. HULL** **2/4/05** **407-788-2800**
Signature and typed or printed name of signing officer or director Date Daytime Phone #