

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001935

Entity Name: DAVINCI STUDIOS, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

110 N. LAKE SYBELIA DR.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

110 N. LAKE SYBELIA DR.
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 31-1762429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOOD, ROBERT L
110 N. LAKE SYBELIA DR.
MAITLAND, FL 32751 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: ROBERT L. WOOD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WOOD, ROBERT
Address: 110 N LAKE SYBELIA DR
City-St-Zip: MAITLAND, FL 32751

Title: DT () Delete
Name: ALITER, STEVE
Address: 4232 GYPSY ST
City-St-Zip: SARASOTA, FL 34233

Title: DS () Delete
Name: O'LEARY, SUSAN
Address: 625 BALMORAL RD
City-St-Zip: WINTER PARK, FL 32789

Title: MS. () Delete
Name: CAROL, ANN WOOD
Address: 110 N. LAKE SYBELIA DR.
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. WOOD

DP

02/26/2007

Electronic Signature of Signing Officer or Director

Date