

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000015775 1. Entity Name HLD DESIGN, INC.						FILED 07 MAY -7 AM 9:29 STATE OF FLORIDA TALLAHASSEE, FLORIDA	
Principal Place of Business 1493 MAIN ST. DUNEDIN, FL 34698				Mailing Address 1495 MAIN ST. DUNEDIN, FL 34698			
2. Principal Place of Business - No P.O. Box # 1415 PINEHURST RD		3. Mailing Address 1415 PINEHURST RD		 REINSTATEMENT 050100015775 06-07 59-3698663 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc. Unit G		Suite, Apt. #, etc. Unit G					
City & State DUNEDIN FL		City & State DUNEDIN FL					
Zip 34698		Country PINELLAS					
6. Name and Address of Current Registered Agent HAMMERS, HELEN 1493 MAIN ST. DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name HELEN HAMMERS Street Address (P.O. Box Number is Not Acceptable) 1415 PINEHURST RD City DUNEDIN FL 34698			
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 _____ (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	P HAMMERS, HELEN 1493 MAIN ST. DUNEDIN, FL 34698 <i>ADDRESS CHANGE</i>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HELEN HAMMERS 1415 PINEHURST RD Unit G DUNEDIN FL 34698		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>5/15/15</i>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	800103237178 05/25/07--01009--011 **300.00		
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		
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 exemptions contained 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 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 <i>Heleen Hammars</i> HELEN HAMMERS <i>5-3-07</i> <i>787-734-9399</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							