

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000023415

FILED  
Oct 26, 2009  
Secretary of State

Entity Name: TERRY MADDEN'S WATERCOLOR WORKSHOP, INC.

## Current Principal Place of Business:

370 W. CAMINO GARDENS BLVD.  
SUITE 208  
BOCA RATON, FL 33432

## New Principal Place of Business:

1516 SW 1 AVENUE  
BOCA RATON, FL 33432

## Current Mailing Address:

370 W. CAMINO GARDENS BLVD.  
SUITE 208  
BOCA RATON, FL 33432

## New Mailing Address:

1516 SW 1 AVENUE  
BOCA RATON, FL 33432

FEI Number: 65-1081409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCALANTE, LOUIS J PRESIDE  
370 W. CAMINO GARDENS BLVD.  
SUITE 208  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

ESCALANTE, LOUIS J PRESIDE  
1516 SW 1 AVENUE  
BOCA RATON, FL 33432 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: LOUIS J. ESCALANTE

10/26/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ESCALANTE, LOUIS J  
Address: 370 W. CAMINO GARDENS BLVD. STE 208  
City-St-Zip: BOCA RATON, FL 33432

Title: MR. ( ) Delete  
Name: MADDEN, TERRY  
Address: 872 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition  
Name: ESCALANTE, LOUIS J PRESIDE  
Address: 1516 SW 1 AVENUE  
City-St-Zip: BOCA RATON, FL 33432

Title: MR. (X) Change ( ) Addition  
Name: MADDEN, TERRY VP  
Address: 872 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

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

SIGNATURE: LOUIS J. ESCALANTE

PRES

10/26/2009

Electronic Signature of Signing Officer or Director

Date