## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000048084				, FILED
Entity Name     DULWICH DESIGNS, INC.				08 MAR -6 AM 8: 50
			100000	DEDREIANY OF STATE
Principal Place		Mailing Address		JEURETANY OF STATE TALLAHASSEE, FLORIDA
9577 GULF S APT 704	HORE DRIVE	9577 GULF SHORE DRIV APT 704	VE	- Conda
NAPLES, FL 34108 NAPLES, FL 3				( 1951) SS ( M. PATE ( NET EST)) BEIN BEIN BEIN BIN BEIN BRICK ( M. B. P. L. B. L. B
Principal Place of Business - No P.O. Box #     3. Mailing Address			<del>-</del>	
Suite, Apt.		Suite, Apt. #, etc.		BEINSTATEMENTED (1872-05
City & State	9	City & State		4. FEI Number Agolied For 65-1103425 Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current R	legistered Agent	<del>-   -   -   -   -                      </del>	Fee Required 7. Name and Address of New Registered Agent
		(DELETE)	Name DOLICE A	S E. WIEBEL, CPA
LARRY, AS 9420 BON	ST TA BEAC H ROAD	(DELETE)		s./P.O. Box Number is Not Acceptable)
SUITE 200			ONITA BEACH ROAD, STE. 200	
BONITA SPRINGS, FL 34135				
BÖNITA SPRINGS FL 34135				
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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
regularly Dovalas E Michael 2/24/07				
SIGNATURE_	Signature, typed or printed name of registered agent an	od tille if applicable. (NOTE	: Registered Agent signature requ	julied when reinstating) OATE
			<u> </u>	
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 D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	MR PESTELL BRIAN ERIC	☐ Delete	TITLE NAME	☐ Change ☐ Addilio
STREET ADDRESS	9577 GULF SHORE DRIVE, APT	704	STREET ADDRESS	500119592645 03/06/0301046007 **300.00
CITY-ST-ZIP	NAPLES, FL 34108		City-st-7iP	
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CITY-ST-ZIP	and that the information quantized with t	this filling does not evalify for	CITY-ST-ZIP	ad in Chapter 119 Florida Statutas Liuthor cortify that the information
12. Thereby certify that the information supplied with this filling 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 truefae 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 a address, with all other like empowered.				
_	(14 =	- BEP	(51eh	4 ch March 88 \$ 239 592 9696
SIGNAT	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER C	·	Date Daylime Phone #