


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000048084 1. Entity Name DULWICH DESIGNS, INC.						FILED 08 MAR -6 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 9577 GULF SHORE DRIVE APT 704 NAPLES, FL 34108		Mailing Address 9577 GULF SHORE DRIVE APT 704 NAPLES, FL 34108							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent LARRY, AST (DELETE) 9420 BONITA BEAC H ROAD SUITE 200 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name DOUGLAS E. WIEBEL, CPA Street Address (P.O. Box Number is Not Acceptable) 9420 BONITA BEACH ROAD, STE. 200 City BONITA SPRINGS FL Zip Code 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 Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: <i>Douglas E. Wiebel</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: 2/24/07			
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	MR PESTELL BRIAN ERIC 9577 GULF SHORE DRIVE, APT 704 NAPLES, FL 34108			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500119592645 03/06/08--01046--007 **300.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]			<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	[Handwritten: 1/23/10]			<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	[Blank]			<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	[Blank]			<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>B.E. Pestell</i>		Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4th March 08		Daytime Phone #: 239 592 9696	