

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000088430

FILED
Oct 05, 2004
Secretary of State

Entity Name: PURCHASING & DESIGN ASSOCIATES, INC

Current Principal Place of Business:

4846 N. UNIVERSITY DR., #324
LAUDERHILL, FL 33351

New Principal Place of Business:

326 SW 195TH AVENUE
PEMBROKE PINES, FL 33029

Current Mailing Address:

4846 N. UNIVERSITY DR., #324
LAUDERHILL, FL 33351

New Mailing Address:

326 SW 195TH AVENUE
PEMBROKE PINES, FL 33029

FEI Number: 65-1153382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WALTER
4846 N. UNIVERSITY DR., #324
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

SMITH, WALTER
326 SW 195TH AVENUE
PEMBROKE PINES, FL 33029 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: WALTER SMITH

10/05/2004

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: P () Delete
Name: SMITH, WALTER
Address: 326 SW 175TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, WALTER
Address: 326 SW 195TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP () Change (X) Addition
Name: WEISS, DONALD
Address: 209 SAVANNAH LANE
City-St-Zip: CALERA, AL 35040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WALTER SMITH

P

10/05/2004

Electronic Signature of Signing Officer or Director

Date