

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12232006 REIN-P CR2E098 (11/05)

| | | | | | |
|---|---|---------------------------|--|---|--|
| DOCUMENT # P01000103545 | | | | | |
| 1. Entity Name INDEPENDENT DESIGNER GROUP, INC. | | | | | |
| Principal Place of Business 350 LINCOLN ROAD, SUITE 514 MIAMI BEACH, FL 33139 | | | Mailing Address 350 LINCOLN ROAD, SUITE 514 MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1149764 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROTHLEIN, JAY, ESQ. 990 WASHINGTON AVENUE SUITE 200 BANK OF AMERICA MIAMI BEACH, FL 33139 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 WEST AVE. SUITE C-1 City MIAMI BEACH FL Zip Code 33139 | | |
| 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 DATE 1/22/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VENISSAC, DANIEL 1881 WASHINGTON AVE., APT 18-E MIAMI BEACH, FL 33139 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900082810659 01/02/07--01052--003 **750.00 | |
| 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 | |
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| 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 | 400088287624 02/14/07--01011--006 **150.00 | |
| 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 | |
| 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: DANIEL VENISSAC 12/23/06 305 534 9664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |