

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000001964

FILED
Oct 18, 2009
Secretary of State

Entity Name: DESIGN CONSULTING GROUP, INC.

Current Principal Place of Business:

252 POINCIANA DR.
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

252 POINCIANA DR.
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 47-0848388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPLAN, ROBERT
252 POINCIANA DR.
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: ROBERT CAPLAN

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: D () Delete
Name: CAPLAN, SHEILA
Address: 252 POINCIANA DR.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PRES () Delete
Name: CAPLAN, ROBERT S PRES.
Address: 252 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BGEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAPLAN, SHEILA VP
Address: 252 POINCIANA DR.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEILA CAPLAN

Electronic Signature of Signing Officer or Director

V.P.

10/18/2009

Date