

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2009  
Secretary of State**

DOCUMENT# P02000004720

Entity Name: FLORIDIAN FLOOR DESIGN, INC.

**Current Principal Place of Business:**

4084 ARNOLD AVE  
SUITE 6  
NAPLES, FL 34104 US

**New Principal Place of Business:**

1585 25TH STREET SW  
NAPLES, FL 34117 US

**Current Mailing Address:**

1585 25TH ST SW  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 26-0010401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

WILKINSON, KATHALINA  
18113 ADAMS CIRCLE  
FT. MYERS, FL 33967 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: KATHALINA WILKINSON      09/30/2009  
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: PD ( ) Delete  
Name: WILKINSON, SHANNON K  
Address: 1585 25TH STREET SOUTHWEST  
City-St-Zip: NAPLES, FL 34117 US

Title: VSTD ( ) Delete  
Name: WILKINSON, KATHALINA A  
Address: 1585 25TH STREET SOUTHWEST  
City-St-Zip: NAPLES, FL 34117 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KATHALINA WILKINSON      VP      09/30/2009  
Electronic Signature of Signing Officer or Director      Date