## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000077949  1. Entity Name BEERY AND BEERY DESIGN GROUP, INC.					FILED 04 OCT 25 PM 1:51				
Principal Place of Business Mailing Address			L			SECRETA	RY OF S	TATE	
103 S NASHVILLE AVE ORLANDO, FL 32805		103 S NASHVILLE AVE Orlando, fl 32805			TALLAHASSEE, FLORIDA				
		<del></del>							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10212004	REIN-P	CR2E098		'
City & State		City & State		4. FEI Numb 81-056			<del></del>	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired		.75 Add	itional
6. Name and Address of Current		nt Registered Agent			7. Name and	Address of New Re	gistered Age	nt	
BEERY, MARANATHA				Name					
103 S NASHVILLE AVE ORLANDO, FL 32805				Street Address (P.O. Box Number is Not Acceptable)					
	.,		}		_				
				City	FL Zip Code				
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									
FILE NOW!!! FEE IS \$150.00					In accordance with s. 607.193(2)(b), F.S., the				
After January 1, 2005, Fee will be \$300.00						corporation did n	ot receive th	e prior n	otice.
10.	<del></del>	ID DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIF	RECTORS	3 N 11
TITLE NAME	P BEERY, MARANATHA	☐ Delete	TITLE Name					Change	Addition
STREET ADDRESS				T ADDRESS					
CATY-ST-ZIP	ORLANDO, FL 32805		CITY-:	ST-ZIP					
TITLE	P PEEDY LINDA	☐ Delete	TITLE	L		ration of the		Change	☐ Addition
NAME STREET ADDRESS	BEERY, LINDA 103 S NASHVILLE AVE ORLANDO, FL 32805		NAME STREE	T ADDRESS	200042157682 10/25/04~-01060022 **15		isid sit⊄ni	വര	
CITY-ST-ZIP				ST-ZIP	TOLES.	0. 01000	ULL 40	ri.JU.	wu .
TITLE		☐ Delete	TITLE		**************************************			Change	Addition
NAME STREET ADDRESS			NAME						
City-St-ZIP			CITY-	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE			··············		Change	Addition
NAME STEET LODDEGS			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME	T ADDRESS		NA who	<b>\</b> _		
CITY-ST-ZIP				ST-ZIP		11/10/2	/ <b>1</b> 0		
TITLE		☐ Delete	TITLE		-	P		Change	Addition
NAME CITIETY ADODESC			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	-				Ì
	l .								
12. I hereby o	certify that the information supplied w on this report or supplemental report	ith this filing does not qualify for	the even	notion stated in Se	ction 119.07(3)	i), Florida Statutes. I I	further certify t	hat the in	formation