

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

08 MAR -4 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3.6.08



02192008 REIN-P CR2E098 (1/07)

07-08

DOCUMENT # P02000098391																											
1. Entity Name DERMA GRAPHICS BY DONNA KAY, INC.																											
Principal Place of Business 450 GRAND VISTA TRAIL LEESBURG, FL 34748		Mailing Address 450 GRAND VISTA TRAIL LEESBURG, FL 34748																									
2. Principal Place of Business - No P.O. Box # 717 S. Main Street Suite, Apt. #, etc.		3. Mailing Address PO Box 427 Suite, Apt. #, etc.																									
City & State Wildwood, FL		City & State Wildwood, FL																									
Zip 34785	Country USA	Zip 34785	Country USA																								
4. FEI Number 11-3652974		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent PROFESSIONAL ACCTG. & BUSINESS CONSULTANTS 4909 ALLEN ROAD ZEPHYRHILLS, FL 33541		7. Name and Address of New Registered Agent Name Donna Jones Street Address (P.O. Box Number is Not Acceptable) 717 S. Main Street City Wildwood FL Zip Code 34785																									
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 2-28-08																									
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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:		DATE 2-28-08																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									