

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000114278

1. Entity Name
DESIGNER'S EDGE, INC.



Principal Place of Business
6325 N. ORANGE BLOSSOM TRAIL, #130
ORLANDO, FL 32810

Mailing Address
6325 N. ORANGE BLOSSOM TRAIL, #130
ORLANDO, FL 32810

2. Principal Place of Business

2266 Red Gate Rd
Suite, Apt. #, etc.

3. Mailing Address

2266 Red Gate Rd
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32818

Country

USA

Zip

32818

Country

USA

10122004

REIN-P

CR2E098 (6/04)

4. FEI Number

22-3867778

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, DAVID A
6325 N. ORANGE BLOSSOM TRAIL, #130
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name

DAVID A CARTER

Street Address (P.O. Box Number is Not Acceptable)

2266 Red Gate Rd

City

Orlando

FL

Zip Code

32818

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 the obligations of registered agent.

SIGNATURE

DAVID A CARTER

12-30-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

<After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE STD
NAME CARTER, SARAH A
STREET ADDRESS 403 N. FAYETTE ST.
CITY-ST-ZIP ALEXANDRIA, VA 22314 ☐ Delete

TITLE PD
NAME CARTER, DAVID A
STREET ADDRESS 403 N. FAYETTE ST.
CITY-ST-ZIP ALEXANDRIA, VA 22314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☒ Change ☐ Addition
NAME CARTER SARAH A
STREET ADDRESS 403 N. FAYETTE ST.
CITY-ST-ZIP ALEXANDRIA VA 22314

TITLE PD ☒ Change ☐ Addition
NAME CARTER DAVID A
STREET ADDRESS 2266 Red Gate Rd
CITY-ST-ZIP ORLANDO FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800043887278
01/04/05--01002--023 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700044768867

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
01/14/05--01024--001

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DAVID A CARTER

12-30-04 407 292-484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #