

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000008130

Entity Name: DRAMATIC FLAIR INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

4936 APACHE AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4774 APACHE AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4936 APACHE AVENUE
JACKSONVILLE, FL 32210 US

New Mailing Address:

4774 APACHE AVENUE
JACKSONVILLE, FL 32210 US

FEI Number: 02-0668926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLEKAUFF, FRANCES
4455 COUNTRY CLUB ROAD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

GRANT, DARDEN
4774 APACHE AVENUE
JACKSONVILLE, FL 32210 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: DARDEN GRANT

01/20/2009

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: DP () Delete
Name: MIDDLEKAUFF, FRANCES
Address: 4455 COUNTRY CLUB RD
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DT () Delete
Name: DARDEN, GRANT
Address: 4936 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: HAMPTON, DARLENE
Address: 4411 MILAM ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: DARDEN, GRANT
Address: 4774 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS (X) Change () Addition
Name: HAMPTON, DARLENE
Address: 4675 ARLON LANE
City-St-Zip: JACKSONVILLE, FL 32210

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: DARDEN GRANT

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date