2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000022711 1. Entity Name 2008 APR . 2 AM 8: 38 DIVINE CUSTOM UPHOLSTERY, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1786 TRADE CENTER WAY, STE. 6 1786 TRADE CENTER WAY, STE. 6 NAPLES, FL 34109 NAPLES, FL 34109 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 30-0155552 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SZUGYI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1786 TRADE CENTER WAY, STE. 6 NAPLES, FL 34109 Zip Code FL 8. The above named satisty/bubmits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation red agent SIGNATURE (NOTE: Registered Agent sign FILE NOW!!! FEE IS \$900.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE □ Delete TITLE ☐ Change Addition NAME SZUGYI, MICHAEL NAME STREET ADDRESS 1786 TRADE CENTER WAY, STE. 6 STREET ADDRESS 90022 011 \$550 20 CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 1001224879**41** 04/07/08--01044--006 **1 NAME NAME **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS REINSTATEA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 apport 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 receive of 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