

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000152475

**FILED**  
**Jan 14, 2014**  
**Secretary of State**

**Entity Name:** ILLUSIONS DECORATIVE CONCRETE DESIGNS, INC.

**Current Principal Place of Business:**

3371 BAY BRANCH RD  
CLAXTON, GA 30417

**New Principal Place of Business:**

**Current Mailing Address:**

3371 BAY BRANCH RD  
CLAXTON, GA 30417

**New Mailing Address:**

**FEI Number:** 05-0593387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOYETTE, ROBERT M  
10632 AKERS DR N  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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: ROBERT BOYETTE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOYETTE, SYLVIA M  
Address: 3371 BAY BRANCH RD  
City-St-Zip: CLAXTON, GA 30417

Title: V  
Name: BOYETTE, WILLIAM E  
Address: 3371 BAY BRANCH RD  
City-St-Zip: CLAXTON, GA 30417

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA M. BOYETTE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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01/14/2014

\_\_\_\_\_  
Date