2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 18, 2007
Secretary of State

DOCUMENT# P04000031043

Entity Name: DLC RESTORATIONS, INC.

Current Principal Place of Business:

4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 334456553 US

New Principal Place of Business:

17061-4 EMILE ST.
BOCA RATON, FL 33487 US

Current Mailing Address:

4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 334456552 US

New Mailing Address:

17061-4 EMILE ST.
BOCA RATON, FL 33487 US

FEI Number: 20-0824286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DONALD W `
4881 S. CITATION DRIVE
#101
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

CAMPBELL, DONALD W `
17061-4 EMILE ST.
BOCA RATON, FL 33487 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: DONALD W. CAMPBELL 09/18/2007
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: D ( ) Delete
Name: CAMPBELL, DONALD W
Address: 4881 S. CITATION DRIVE, #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: CAMPBELL, LESLIE D
Address: 4881 S. CITATION DRIVE, #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMPBELL, DONALD W
Address: 17061-4 EMILE ST.
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change ( ) Addition
Name: CAMPBELL, LESLIE D
Address: 17061-4 EMILE ST.
City-St-Zip: BOCA RATON, FL 33487

Title: T ( ) Change (X) Addition
Name: CARDONA, MARTA
Address: 17061-4 EMILE ST.
City-St-Zip: BOCA RATON, FL 33487

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: MARTA CARDONA ACCOUNTANT T 09/18/2007
Electronic Signature of Signing Officer or Director Date