


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072984 1. Entity Name CRS DESIGNS, INC.																																																																																			
Principal Place of Business 1444 PASLAY PLACE MANALAPAN, FL 33462		Mailing Address 1444 PASLAY PLACE MANALAPAN, FL 33462																																																																																	
2. Principal Place of Business 3250 South Ocean Blvd. Suite, Apt. #, etc. #201 City & State Palm Beach Florida Zip Country 33480		3. Mailing Address Suite, Apt. #, etc. City & State Florida Zip Country 33480																																																																																	
6. Name and Address of Current Registered Agent NEWMAN, HOWARD P 772 U.S. HIGHWAY ONE SUITE 200 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name: Carla-rae Salm Street Address (P.O. Box Number is Not Acceptable): 3250 South Ocean Blvd. #201 City: Palm Beach State: FL Zip: 33480																																																																																	
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, and accept the obligations of registered agent. SIGNATURE: <u>Carla-rae Salm</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%;">Delete</td> <td style="width:10%;">NAME</td> <td style="width:10%;">SALM, CARLA-RAE</td> <td style="width:10%;">Delete</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">1444 PASLAY PLACE</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">MANALAPAN, FL 33462</td> </tr> <tr> <td colspan="10" style="text-align: center;">change address</td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> <tr> <td colspan="10" style="height: 40px;"> </td> </tr> </table>		TITLE	P	Delete	NAME	SALM, CARLA-RAE	Delete	STREET ADDRESS	1444 PASLAY PLACE	CITY-ST-ZIP	MANALAPAN, FL 33462	change address																																																																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 00005051-1-000 10/25/05--01014--009 ***\$750.00 11/15	
TITLE	P	Delete	NAME	SALM, CARLA-RAE	Delete	STREET ADDRESS	1444 PASLAY PLACE	CITY-ST-ZIP	MANALAPAN, FL 33462																																																																										
change address																																																																																			
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: <u>Carla-rae Salm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																															

FILED

05 NOV 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

#201
N