

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000090430

**Entity Name:** DESIGNING EVENTS, INC.

**FILED**  
**Aug 08, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1901 VISTA LAKES DR  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

5000-18 HWY 17, #258  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

1901 VISTA LAKES DR  
FLEMING ISLAND, FL 32003

**FEI Number:** 20-1240597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNCZAK, AMANDA  
1901 VISTA LAKES DR  
FLEMING ISLAND, FL 32003 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:** AMANDA HUNCZAK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HUNCZAK, AMANDA  
**Address:** 1901 VISTA LAKES DR  
**City-St-Zip:** FLEMING ISLAND, FL 32003

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:** AMANDA HUNCZAK

P

08/08/2014

Electronic Signature of Signing Officer or Director

Date