

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000098123

1. Entity Name
DAYNA'S DECORATIVE DESIGNS, INC.



Principal Place of Business
5035 KIMBRELL DRIVE EAST
JACKSONVILLE, FL 32210

Mailing Address
5035 KIMBRELL DRIVE EAST
JACKSONVILLE, FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



9/26/06 01055 008 B158.25
T-012001 FEN-0 GR2E098 (11/05)

REINSTATEMENT

4. FEI Number
25-7969309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANELLO, DUANE C
1919-8 BLANDING BLVD.
JACKSONVILLE, FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAY, DAYNA R
STREET ADDRESS 5035 KIMBRELL DRIVE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

900080184509
09/26/06--01055--008 **158.75

900080184509
01/11/07--01005--001 **8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/06

(904) 504-6657

Daytime Phone #

To whom it concerns,

2/2

I was informed today via telephone to re-submit this form with this letter included, to verify that you received my payment of 158⁷⁵ with attached letter of non-receipt of notice (postcard) earlier in the year for re-instatement fees.

Please accept this as my re-application and give me further notice of outcome thereof —

Thank —

Layna R. Lay
(904) 584-6657
Please call for further info
LV MESSAGE