

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000125558

1. Entity Name
MEDIA DESIGN SERVICES, INC.



FILED
05 NOV 17 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2686 FUNTAIN VIEW CIRCLE
208
NAPLES, FL 34109 US

Mailing Address
2686 FUNTAIN VIEW CIRCLE
208
NAPLES, FL 34109 US

2. Principal Place of Business
847 RUE LABEAU CIR.
Suite, Apt. #, etc.

3. Mailing Address
847 RUE LABEAU CIR.
Suite, Apt. #, etc.



11102005 REIN-P CR2E098 (6/04)

City & State
FT MYERS, FL.
Zip Country
33913 US

City & State
FT. MYERS, FL.
Zip Country
33913 US

4. FEL Number
20-1566959
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OROZCO, JUAN C
2686 FUNTAIN VIEW CIRCLE
208
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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

11/11/2005

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OROZCO, JUAN C
2686 FUNTAIN VIEW CIRCLE APT # 208
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EGBERTS, DIANA M
2686 FUNTAIN VIEW CIRCLE
NAPLES, FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OROZCO, JUAN C.
847 RUE LABEAU CIR.
FORT MYERS, FL. 33913 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
EGBERTS, DIANA M.
847 RUE LABEAU CIR.
FORT MYERS, FL. 33913 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/2005

Date

Daytime Phone #