


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000144234		
1. Entity Name LILLY DESIGNS, INC.		

FILED

2007 JUL 13 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 11924 FORSET HILL BLVD 22-285 WELLINGTON, FL 33414	Mailing Address 11924 FORSET HILL BLVD. 22-285 WELLINGTON, FL 33414
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2. Principal Place of Business - No P.O. Box # <b>230 Brookshire RD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CROPWELL AL</b>		City & State	
Zip <b>35054</b>	Country <b>ST. CHARLES</b>	Zip	Country

05152007 REIN-P CR2E098 (1/07)

4. FEI Number <b>010590638</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LILLY, RENEE 13159 VALERIAN WAY WELLINGTON, FL 33414	
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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 <b>Renee F Lilly</b> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>	DATE <b>5/21/07</b> <small>NOTE: Registered Agent signature required when reinstating.</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LILLY, RENEE</b> <b>13159 VALERIAN WAY</b> <b>WELLINGTON, FL 33414</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300106260233</b> <b>07/17/07--01022--004 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Renee F Lilly</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>5/21/07</b> DAYTIME PHONE # <b>205-533-7736</b>

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