

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000147890

1. Entity Name
DESIGN ALTERATIONS, INC.



FILED

07 OCT -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1415 TIMBERLANE ROAD
TALLAHASSEE, FL 32309

Mailing Address
1415 TIMBERLANE ROAD
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

1415 Timberlane Rd

Suite, Apt. #, etc.
Suite #420

City & State
Tallahassee, FL

Zip
32312

Country

3. Mailing Address

1415 Timberlane Rd.

Suite, Apt. #, etc.
#420

City & State
Tallahassee, FL

Zip

32312

Country
Leon

10012007 REIN-P CR2E098 (1/07)

4. FEI Number
113731234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMBANA & RICCI, P.A.
521 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Farzaneh Somali pour

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

1415 Timberlane Rd #420

City
Tallahassee

FL

Zip Code
32312

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

Farzaneh Somali pour

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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 P ☐ Delete

NAME KESHAVARZ-JOUD, AMIR M
STREET ADDRESS 1415 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE V ☐ Delete

NAME SOMALI-POUR, FARZANEH A
STREET ADDRESS 1415 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

700110272277
10/04/07--01037--008 **150.00

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

10/11/07