

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000020080

1. Entity Name
CV DESIGN, INC.



FILED

06 OCT 17 PM 2:58

Principal Place of Business
17477 75TH PLACE NORTH
LOXAHATCHEE, FL 33470 US

Mailing Address
17477 75TH PLACE NORTH
LOXAHATCHEE, FL 33470 US

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10092006

REIN-P

CR2E098 (11/05)

0.6

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, CRAIG
17477 75TH PLACE NORTH
LOXAHATCHEE, FL 33470

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

10-10-06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARCIA, CRAIG
STREET ADDRESS 17477 75TH PLACE NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200080933362
10/18/06--01007--009 **150.00

TITLE VP
NAME GARCIA, VIRGINIA
STREET ADDRESS 17477 75TH PLACE NORTH
CITY-ST-ZIP LOXAHATCHEE, FL 33470

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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 #

10-10-06



CV DESIGN INC.

To: Division of Corporations
Re: Reinstatement
Attn: To Whom It May Concern
Date: October 9, 2006

To Whom It May Concern:

My name is, Craig Garcia, and company is CV Design, Inc. I received a Notice of Dissolution or revocation in the mail today. I contacted my accountant and she informed me that this needed to be completed and returned asap.

I have not received any prior notice of this till now. I have filled out the form and have mailed it out the next day. Enclosed is the \$150.00 fee that you request for reinstatement. I hope that you will waive any additional fees, if any, due to the fact I never received this till now.

Thank You, Craig Garcia