


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000052422		
1. Entity Name SUZETTE JUAREZ DESIGNS, INC.		

FILED  
07 FEB -2 PM 2:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3617 CROWN POINT RD SUITE 2 JACKSONVILLE, FL 32257	Mailing Address 3617 CROWN POINT RD SUITE 2 JACKSONVILLE, FL 32257
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2. Principal Place of Business - No P.O. Box # 1539 San Marco Blvd	3. Mailing Address 1539 San Marco Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207	Zip 32207
Country USA	Country USA

012207 REINSTATEMENT 06-07

4. FEI Number  
20-4071515

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

6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A 3617 CROWN POINT RD SUITE 2 JACKSONVILLE, FL 32257	7. Name and Address of New Registered Agent Name Suzette J. Hobbs Street Address (P.O. Box Number is Not Acceptable) 217 St. Johns Forrest Blvd City Jacksonville FL Zip Code 32259
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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: Suzette J. Hobbs DATE: Jan 19, 07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD HOBBS, SUZETTE J PO BOX 24668 JACKSONVILLE, FL 322414668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 St. Johns Forrest Blvd Jacksonville, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOBBS, WILLIAM H PO BOX 24668 JACKSONVILLE, FL 322414668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 St. Johns Forrest Blvd Jacksonville, FL 32259
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 300087607683 02/07/07--01053--020 ***300.00
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

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: Suzette J. Hobbs DATE: Jan 19, 07 (904) 399-0161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR