

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000057815

1. Entity Name  
AWNINGS BY DESIGN, CORP



Principal Place of Business  
1065 E 28TH ST.  
HIALEAH, FL 33013

Mailing Address  
1065 E 28TH ST.  
HIALEAH, FL 33013

2. Principal Place of Business - No P.O. Box #  
3945 NW 32AV  
Suite, Apt. #, etc.  
#C

3. Mailing Address  
Suite, Apt. #, etc.  
#C

City & State  
MIAMI, FL  
Zip  
33142 Country

City & State  
Zip Country

10312008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-2705571

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SALGADO, RAUL  
1065 E 28TH ST.  
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name  
SALGADO RAUL  
Street Address (P.O. Box Number is Not Acceptable)  
3945 NW 32AV  
#C  
City  
MIAMI FL Zip Code  
33142

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SALGADO, RAUL	
STREET ADDRESS	1065 E 28TH ST.	
CITY- ST- ZIP	HIALEAH, FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	SALGADO RAUL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3945 NW 32AV #C	
STREET ADDRESS	MIAMI, FL 33142	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-03-08

FILED

08 NOV 10 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

