

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000059744

FILED  
Oct 29, 2008  
Secretary of State

Entity Name: D'AMICO DESIGN ASSOCIATES, INC.

## Current Principal Place of Business:

1941 N.E. 149 STREET  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

1941 N.E. 149 STREET  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: 75-3194245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHIMMEL, ROBERT L  
3191 CORAL WAY, PH-2  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: ROBERT L. SHIMMEL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: D'AMICO, THERESA  
Address: 1941 N.E. 149 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VP ( ) Delete  
Name: LAMB, CHRISTOPHER  
Address: 1941 N.E. 149 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

Title: T ( ) Delete  
Name: D'AMICO, MARTIN  
Address: 1941 N.E. 149 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

Title: S ( ) Delete  
Name: D'AMICO, RITA  
Address: 1941 N.E. 149 STREET  
City-St-Zip: NORTH MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER D. LAMB

VP

10/29/2008

Electronic Signature of Signing Officer or Director

Date