

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000070137

**FILED**  
**Jun 05, 2012**  
**Secretary of State**

**Entity Name:** DESIGNERS & DEVELOPERS ASSOCIATES, INC.

**Current Principal Place of Business:**

6001 NORTH FALLS CIRCLE DRIVE  
SUITE 401  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

5491 ALIBI TERRACE  
NORTH PORT, FL 34286 US

**Current Mailing Address:**

P O BOX 491707  
FORT LAUDERDALE, FL 33349

**New Mailing Address:**

P O BOX 590158  
FORT LAUDERDALE, FL 33359

**FEI Number:** 51-0542848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLNESS, ADOLPH E  
6001 NORTH FALLS CIRCLE DRIVE  
SUITE 401  
LAUDERHILL, FL 33319 US

**Name and Address of New Registered Agent:**

HOLNESS, ADOLPH E  
5491 ALIBI TERRACE  
NORTH PORT, FL 34286 US

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: ADOLPH E HOLNESS

06/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLNESS, ADOLPH E  
Address: 5491 ALIBI TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: D  
Name: HOLNESS, YVETTE S  
Address: 5491 ALIBI TERRACE  
City-St-Zip: NORTH PORT, FL 34286

I hereby 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 all other like empowered.

SIGNATURE: ADOLPH E HOLNESS

D

06/05/2012

Electronic Signature of Signing Officer or Director

Date