2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# P06000085100

Entity Name: AMAZING DAYS STUDIO INC.

Current Principal Place of Business:

37221 CLINTON AVENUE
DADE CITY, FL 33525 US

New Principal Place of Business:

5040 PALMETTO WOODS DRIVE
NAPLES, FL 34119 US

Current Mailing Address:

37221 CLINTON AVENUE
DADE CITY, FL 33525 US

New Mailing Address:

5040 PALMETTO WOODS DRIVE
NAPLES, FL 34119 US

FEI Number: 20-4587654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SLACK, JAMI L
37314 EMBASSY PARK LANE UNIT 15
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

SLACK, JAMI L
5040 PALMETTO WOODS DRIVE
NAPLES, FL 34119 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: JAMI L. SLACK 09/28/2009
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: SLACK, JAMI L
Address: 37314 EMBASSY PARK LANE UNIT 15
City-St-Zip: DADE CITY, FL 33525 US

Title: O ( ) Delete
Name: SLACK, JUSTIN P
Address: 37314 EMBASSY PARK LANE UNIT 15
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SLACK, JAMI L
Address: 5040 PALMETTO WOODS DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: O (X) Change ( ) Addition
Name: SLACK, JUSTIN P
Address: 5040 PALMETTO WOODS DRIVE
City-St-Zip: NAPLES, FL 34119 US

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: JUSTIN P. SLACK O 09/28/2009
Electronic Signature of Signing Officer or Director Date