

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000155793

1. Entity Name
DESIGN BY WINKEY/DESIGN BY JOHN INC



FILED

07 NOV -7 PM 5:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2827 WILEY STREET
HOLLYWOOD, FL 33020

Mailing Address
2827 WILEY STREET
HOLLYWOOD, FL 33020



2. Principal Place of Business - No P.O. Box #

The same above

3. Mailing Address

same above

10302007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCULLUM, JOHN W
2827 WILEY STREET
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Amani Wilson

Street Address (P.O. Box Number is Not Acceptable)

2183 Jefferson

City
Hollywood

FL

Zip Code
33020

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 *Amani Wilson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCULLUM, JOHN W
STREET ADDRESS 2827 WILEY STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete

TITLE VP
NAME MOWATT, HYMAN
STREET ADDRESS 19873 NE 48TH AVE
CITY-ST-ZIP MIAMI, FL 33054 ☒ Delete

TITLE VP
NAME LANGLAIS, DAVID
STREET ADDRESS 1935 JEFFERSON STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Debra McCullum
STREET ADDRESS 2254 Wiley St
CITY-ST-ZIP Hollywood, FL 33020 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *John W. McCullum* owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/07

Date

954/921-2238

Daytime Phone #